

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850084

**FILED**  
**Jan 05, 2024**  
**Secretary of State**  
**7552379378CC**

**Entity Name:** FRESENIUS HEALTH PLANS INSURANCE COMPANY

**Current Principal Place of Business:**

3711 S. MO PAC EXPY. BLDG.2  
STE. 500  
AUSTIN, TX 78746

**Current Mailing Address:**

3711 S. MO PAC EXPY. BLDG.2  
STE. 500  
AUSTIN, TX 78746 US

**FEI Number:** 75-1461960

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INSURANCE COMMISSIONER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASSISTANT TREASURER  
Name MELLO, BRYAN  
Address 3711 S. MO PAC EXPY. BLDG.2  
STE. 500  
City-State-Zip: AUSTIN TX 78746

Title DIRECTOR  
Name DICKISON, SCOTT  
Address 3711 S. MO PAC EXPY. BLDG.2  
STE. 500  
City-State-Zip: AUSTIN TX 78746

Title SECRETARY  
Name RADONOVA, MARIA  
Address 3711 S. MO PAC EXPY. BLDG.2  
STE. 500  
City-State-Zip: AUSTIN TX 78746

Title TREASURER  
Name KETCHERSID, TERRY  
Address 3711 S. MO PAC EXPY. BLDG.2  
STE. 500  
City-State-Zip: AUSTIN TX 78746

Title DIRECTOR  
Name GRAVES, MICHAEL  
Address 3711 S. MO PAC EXPY. BLDG.2  
STE. 500  
City-State-Zip: AUSTIN TX 78746

Title DIRECTOR  
Name GLEDHILL, KAREN  
Address 3711 S. MO PAC EXPY. BLDG.2  
STE. 500  
City-State-Zip: AUSTIN TX 78746

Title PRESIDENT/CEO  
Name DICKISON, SCOTT  
Address 3711 S. MO PAC EXPY. BLDG.2  
STE. 500  
City-State-Zip: AUSTIN TX 78746

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MELLO , BRYAN

**ASSISTANT TREASURER** 01/05/2024

Electronic Signature of Signing Officer/Director Detail

Date