

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850084

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

**Current Principal Place of Business:**

120 MONUMENT CIRCLE  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

920 WINTER ST  
TAX DEPT  
WALTHAM, MA 02451 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           DIRECTOR, PRESIDENT  
Name           MCKINNEY, WILLIAM  
Address        920 WINTER ST  
                  TAX DEPT  
City-State-Zip: WALTHAM MA 02451

Title           DIRECTOR, VP  
Name           DICKISON, SCOTT  
Address        920 WINTER ST  
                  TAX DEPT  
City-State-Zip: WALTHAM MA 02451

Title           VP  
Name           RADONOVA, MARIA  
Address        920 WINTER ST  
                  TAX DEPT  
City-State-Zip: WALTHAM MA 02451

Title           SECRETARY, VP  
Name           GLEDHILL, KAREN  
Address        920 WINTER ST  
                  TAX DEPT  
City-State-Zip: WALTHAM MA 02451

Title           TREASURER  
Name           MELLO, BRYAN  
Address        920 WINTER ST  
                  TAX DEPT  
City-State-Zip: WALTHAM MA 02451

Title           OFFICER  
Name           KETCHERSID, TERRY  
Address        920 WINTER ST  
                  TAX DEPT  
City-State-Zip: WALTHAM MA 02451

Title           DIRECTOR  
Name           GRAVES, MICHAEL  
Address        920 WINTER ST  
                  TAX DEPT  
City-State-Zip: WALTHAM MA 02451

*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:** BRYAN MELLO

**ASSISTANT TREASURER**    **04/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date