

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001546

**Entity Name:** MERCY HEALTH PLAN INC

**Current Principal Place of Business:**

ONE WEST ELM ST.  
SUITE 100  
CONSHOHOCKEN, PA 19428

**Current Mailing Address:**

ONE WEST ELM ST.  
SUITE 100  
CONSHOHOCKEN, PA 19428 US

**FEI Number:** 22-2483605

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            DIR  
Name            KILPINEN, STUART  
Address        20555 VICTOR PARKWAY  
City-State-Zip: LIVONIA MI 48152

Title            DIR  
Name            MCBRIDE, EDWARD D.  
Address        830 SCHUYLKILL DRIVE  
City-State-Zip: PHILADELPHIA PA 19146

Title            D  
Name            KOTCH, DAVID  
Address        2929 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19104

Title            D  
Name            MCCANN515, SISTER CHRISTINE  
Address        515 MONTGOMERY AVENUE  
City-State-Zip: MERION STATION PA 19066

Title            DIR  
Name            LENAHAN, SARAH ELLEN  
Address        444 DEVEREUX DRIVE  
City-State-Zip: VILLANOVA PA 19085

Title            DIR  
Name            SCHIED, PETER J  
Address        1901 TERWOOD ROAD  
City-State-Zip: HUNTINGDON VALLEY PA 19006

Title            TREASURER  
Name            FANELLI, ANTHONY D JR.  
Address        1 WEST ELM STREET  
City-State-Zip: CONSHOHOCKEN PA 19428

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY D. FANELLI JR.

**TREASURER**

**02/26/2019**

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

\_\_\_\_\_  
Date