

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