### 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000005139

**Entity Name: LASSO HEALTHCARE INSURANCE COMPANY** 

**FILED** Apr 29, 2024 Secretary of State 1352521268CC

### **Current Principal Place of Business:**

225 WEST WASHINGTON STREET

SUITE 450

CHICAGO, IL 60606

### **Current Mailing Address:**

225 WEST WASHINGTON STREET SUITE 450

CHICAGO, IL 60606 US

FEI Number: 71-0408612 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 32399 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 PRESIDENT, CEO Title TREASURER, CFO CLIFTON, ANDREW Name Name FELLNER, BRIAN

Address 225 WEST WASHINGTON STREET Address 225 WEST WASHINGTON STREET

SUITE 450

CHICAGO IL 60606 CHICAGO IL 60606 City-State-Zip: City-State-Zip:

Title SECRETARY, COO Title DIRECTOR

COHEN, LAWRENCE COLLINS, GARFIELD Name Name

225 WEST WASHINGTON STREET 225 WEST WASHINGTON STREET Address Address SUITE 450

SUITE 450

SUITE 450

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title **DIRECTOR** Title **DIRECTOR** 

Name VUKOVIC, SRDJAN Name FRIDLYAND, ALEX

225 WEST WASHINGTON STREET 225 WEST WASHINGTON STREET Address Address

> SUITE 450 SUITE 450

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title **EXECUTIVE CHAIR, DIRECTOR** Title **DIRECTOR** 

WHITAKER, MD, ERIC E. Name Name CLIFTON, ANDREW

Address 225 WEST WASHINGTON STREET 225 WEST WASHINGTON STREET Address

SUITE 450 SUITE 450

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

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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.

04/29/2024 SIGNATURE: BRIAN FELLNER TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameDANKO, DAVIDNameFAGIN, ANNA

Address 225 WEST WASHINGTON STREET Address 225 WEST WASHINGTON STREET

SUITE 450 SUITE 450

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606