

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000005139

**Entity Name:** LASSO HEALTHCARE INSURANCE COMPANY**Current Principal Place of Business:**2605 INTERSTATE DR.  
HARRISBURG, PA 17110**Current Mailing Address:**2605 INTERSTATE DR.  
HARRISBURG, PA 17110 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	CEOD
Name	RITTER, CRAIG J
Address	2605 INTERSTATE DR.
City-State-Zip:	HARRISBURG PA 17110

Title	PD
Name	HANDLAN, JAMES B
Address	2605 INTERSTATE DR.
City-State-Zip:	HARRISBURG PA 17110

Title	SD
Name	KOWALSKI, DAVID SCOTT
Address	2605 INTERSTATE DR.
City-State-Zip:	HARRISBURG PA 17110

Title	CFOD
Name	SCHROEDER, RAYMOND S
Address	2605 INTERSTATE DR.
City-State-Zip:	HARRISBURG PA 17110

Title	D
Name	DIETZ, DAVID C
Address	2605 INTERSTATE DR.
City-State-Zip:	HARRISBURG PA 17110

*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:** RAYMOND S SCHROEDER

CFO

04/07/2020

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