

2021 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 PRESIDENT, CEO, DIRECTOR
Name RITTER, CRAIG J
Address 2605 INTERSTATE DR.
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
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

03/10/2021

Electronic Signature of Signing Officer/Director Detail

Date