

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000005139

Entity Name: LASSO HEALTHCARE INSURANCE COMPANY

Current Principal Place of Business:

225 WEST WASHINGTON STREET
SUITE 450
CHICAGO, IL 60606

FILED
Apr 28, 2023
Secretary of State
4340631264CC

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
Name CLIFTON, ANDREW
Address 225 WEST WASHINGTON STREET
 SUITE 450
City-State-Zip: CHICAGO IL 60606

Title TREASURER, CFO
Name SAHIN, METE
Address 225 WEST WASHINGTON STREET
 SUITE 450
City-State-Zip: CHICAGO IL 60606

Title SECRETARY, COO
Name COLLINS, GARFIELD
Address 225 WEST WASHINGTON STREET
 SUITE 450
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name COHEN, LAWRENCE
Address 225 WEST WASHINGTON STREET
 SUITE 450
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name VUKOVIC, SRDJAN
Address 225 WEST WASHINGTON STREET
 SUITE 450
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name FRIDLAND, ALEX
Address 225 WEST WASHINGTON STREET
 SUITE 450
City-State-Zip: CHICAGO IL 60606

Title EXECUTIVE CHAIR, DIRECTOR
Name WHITAKER, MD, ERIC E.
Address 225 WEST WASHINGTON STREET
 SUITE 450
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name CLIFTON, ANDREW
Address 225 WEST WASHINGTON STREET
 SUITE 450
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.

SIGNATURE: METE SAHIN

TREASURER

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DANKO, DAVID
Address 225 WEST WASHINGTON STREET
SUITE 450
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name FAGIN, ANNA
Address 225 WEST WASHINGTON STREET
SUITE 450
City-State-Zip: CHICAGO IL 60606