

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000000405

**FILED**  
**Mar 13, 2023**  
**Secretary of State**  
**8877984571CC**

**Entity Name:** UPMC HEALTH BENEFITS, INC.

**Current Principal Place of Business:**

600 GRANT ST FL 55  
PITTSBURG, PA 15219

**Current Mailing Address:**

600 GRANT ST FL 55  
PITTSBURG, PA 15219 US

**FEI Number: 25-1844144**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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            PRESIDENT, CHAIRPERSON,  
                    DIRECTOR  
Name            HOLDER, DIANE P.  
Address        600 GRANT ST FL 55  
City-State-Zip: PITTSBURG PA 15219

Title            SECRETARY, DIRECTOR  
Name            KASHUBA, SHERYL A. ESQ  
Address        600 GRANT ST FL 55  
City-State-Zip: PITTSBURG PA 15219

Title            TREASURER  
Name            BEES, JEFFREY A.  
Address        600 GRANT ST FL 55  
City-State-Zip: PITTSBURG PA 15219

Title            DIRECTOR  
Name            BOSSER, CHRIS  
Address        600 GRANT ST FL 55  
City-State-Zip: PITTSBURG PA 15219

Title            DIRECTOR  
Name            GONCAR, DAVID  
Address        600 GRANT ST FL 55  
City-State-Zip: PITTSBURG PA 15219

Title            DIRECTOR  
Name            WEIR, DAVID M.  
Address        600 GRANT ST FL 7  
City-State-Zip: PITTSBURG PA 15219

Title            DIRECTOR  
Name            TALERICO, JOSEPH  
Address        600 GRANT ST FL 55  
City-State-Zip: PITTSBURG PA 15219

Title            DIRECTOR  
Name            KEAFER, YVONNE  
Address        600 GRANT ST FL 55  
City-State-Zip: PITTSBURG PA 15219

*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: SHERYL A. KASHUBA ESQ.**

**SECRETARY**

**03/13/2023**

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

\_\_\_\_\_  
Date