

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006312

Entity Name: HEALTHSMART BENEFIT SOLUTIONS, INC.**Current Principal Place of Business:**222 W LAS COLINAS BLVD
STE 500 NORTH
IRVING, TX 75039**Current Mailing Address:**7700 FORSYTH BLVD
ST. LOUIS, MO 63105 US**FEI Number:** 36-4099199**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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, DIRECTOR
Name CHRISTIANSON, PHILLIP L
Address 222 W LAS COLINAS BLVD
STE 500 NORTH
City-State-Zip: IRVING TX 75039

Title SECRETARY
Name BROWN, BRADEN
Address 222 W LAS COLINAS BLVD
STE 500 NORTH
City-State-Zip: IRVING TX 75039

Title ASST. SECRETARY
Name WINGER, VIKI
Address 222 W LAS COLINAS BLVD.
STE. 500N
City-State-Zip: IRVING MO 63105

Title TREASURER
Name BAIOCCHI, SARAH
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title VP, TAX
Name DINKELMAN, TRICIA
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR
Name KOSTER, CHRISTOPHER
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

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: TRICIA DINKELMAN

VICE PRESIDENT, TAX

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date