

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M18884

**Entity Name:** CAREPLUS HEALTH PLANS, INC.**Current Principal Place of Business:**500 WEST MAIN STREET  
LOUISVILLE, KY 40202**Current Mailing Address:**500 WEST MAIN STREET  
LOUISVILLE, KY 40202 US**FEI Number:** 59-2598550**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 VP, INVESTMENTS  
Name PRESTON, WILLIAM MARK  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VP  
Name WILSON, RALPH MARTIN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF COMPLIANCE OFFICER  
Name O'REILLY, SEAN JOSEPH  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VP, ASSOCIATE GENERAL COUNSEL AND CORPORATE SECRETARY  
Name RUSCHELL, JOSEPH MATTHEW  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR  
Name BROUSSARD, BRUCE DALE  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR  
Name RUSCHELL, JOSEPH MATTHEW  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, ENTERPRISE ASSOCIATE & BUSINESS SOLUTIONS  
Name EDWARDS, DOUGLAS ALLEN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF ACCOUNTING OFFICER & CONTROLLER  
Name FELTER, JOHN-PAUL WILLIAM  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

**Continues on page 2**

*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: DANIEL KEVIN FELD****TAX DIRECTOR****03/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VICE PRESIDENT AND TREASURER  
Name MARCOUX, JR., ROBERT MARTIN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title ASSISTANT CORPORATE SECRETARY AND  
DIRECTOR, ESG STRATEGY  
Name DURALL, COURTNEY DANIELLE  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SVP, EG MEDICAL  
Name LITTIG, JOHN STEPHEN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title REGIONAL PRESIDENT  
Name RUIZ, STEVEN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT, MEDICARE & MEDICAID  
Name RENAUDIN, GEORGE II  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT AND CHIEF EXECUTIVE OFFICER  
Name BROUSSARD, BRUCE DALE  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR  
Name RENAUDIN, GEORGE II  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VP, MEDICARE SUPPLEMENT  
Name ROTH, FREDERICK WILLIAM  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF  
RISK OFFICER  
Name SCHRAUDENBACH, LEAH  
SONNENSCHNEIN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title TAX DIRECTOR  
Name FELD, DANIEL KEVIN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, MEDICARE  
DIVISIONAL LEADER  
Name STEWART, GILBERT ALAN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title CFO  
Name DIAMOND, SUSAN MARIE  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202