

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000010106

Entity Name: BRIGHT HEALTH INSURANCE COMPANY OF FLORIDA**Current Principal Place of Business:**3030 N ROCKY POINT DR
#150 A
TAMPA, FL 33607**Current Mailing Address:**3030 N ROCKY POINT DR
#150 A
TAMPA, FL 33607 US**FEI Number: 83-3456438****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 DIRECTOR
Name VALDIVIA, TOMAS
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607Title CFO
Name JAY, MATUSHAK
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607Title DIRECTOR
Name LYFORD, GEORGE
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607Title DIRECTOR
Name BARTLEY, BRYT A.
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607Title CEO
Name JAY, MATUSHAK
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607Title SECRETARY
Name LYFORD, GEORGE
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607Title DIRECTOR
Name JEFF, CRAIG
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607

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: GEORGE LYFORD**SECRETARY****04/19/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date