

2021 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 AUTHORIZED SIGNOR
Name BEUTNER, BRIAN
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name VALDIVIA, TOMAS
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name SCHINDELMAN, SIMEON
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607

Title COO
Name GROSSMAN, RAEANN
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607

Title CHIEF MEDICAL OFFICER
Name VALDIVIA, TOMAS
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607

Title CEO
Name SCHINDELMAN, SIMEON
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607

Title PRESIDENT
Name GROSSMAN, RAEANN
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name GROSSMAN, RAEANN
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607

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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: BRIAN BEUTNER

AUTHORIZED SIGNOR

04/25/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CFO
Name RIOS, KARA
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607

Title SECRETARY
Name LYFORD, GEORGE
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name RIOS, KARA
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name LYFORD, GEORGE
Address 3030 N ROCKY POINT DR
#150 A
City-State-Zip: TAMPA FL 33607