

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000012831

Entity Name: BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.

Current Principal Place of Business:

4800 DEERWOOD CAMPUS PARKWAY
JACKSONVILLE, FL 32246

Current Mailing Address:

PO BOX 60729
JACKSONVILLE, FL 32236 US

FEI Number: 59-2015694

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399-0000 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 CEO, PRESIDENT
Name GERAGHTY, PATRICK
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-8
City-State-Zip: JACKSONVILLE FL 32246

Title CFO
Name JUSTICE, THURMAN
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-8
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY
Name JOSEPH, CHARLES S
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-8
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER
Name COATS, WILLIAM A
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-5
City-State-Zip: JACKSONVILLE FL 32246

Title CHAIRMAN, DIRECTOR
Name RAMIL, JOHN B
Address 6416 MACLAURIN DRIVE
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name KUNTZ, THOMAS
Address 1568 HOLTS GROVE CIRCLE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name MILLS, HAROLD
Address 11900 LAKE BUTLER BLVD.
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name SASTRE, MARIA A
Address 2420 INDIAN MOUND TRAIL
City-State-Zip: CORAL GABLES FL 33134

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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: CHARLES S. JOSEPH

SECRETARY

04/25/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COST, TIMOTHY
Address 365 ROYAL TERN ROAD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name BLUM, KRISTEN
Address 4938 MONTEREY DRIVE
City-State-Zip: FRISCO TX 75034

Title DIRECTOR
Name THAKKAR, RESESH H
Address 9833 LAKE LOUISE DRIVE
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name BURWELL, SYLVIA
Address 4810 ROCKWOOD PARKWAY NW
City-State-Zip: WASHINGTON DC 20016-8060

Title DIRECTOR
Name HALVERSON, STEVEN T
Address 825 MAPLETON TERRACE
City-State-Zip: JACKSONVILLE FL 32207