

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000007815

**Entity Name:** EMPLOYERS HEALTH NETWORK HOLDINGS, LLC

**Current Principal Place of Business:**

465 WEST COLEMAN BLVD  
SUITE 202  
MOUNT PLEASANT, SC 29464

**Current Mailing Address:**

465 WEST COLEMAN BLVD  
SUITE 202  
MOUNT PLEASANT, SC 29464 US

**FEI Number:** 61-1766825

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** CONNIE BRYAN, ASSISTANT SECRETARY

04/26/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name BURKS, RUSSELL  
Address 465 WEST COLEMAN BLVD  
SUITE 202  
City-State-Zip: MOUNT PLEASANT SC 29464

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RUSSELL BURKS

**AUTHORIZED PERSON**

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date