

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000002797

**Entity Name:** GEISINGER HEALTH PLAN, INC.**Current Principal Place of Business:**100 N. ACADEMY AVENUE  
DANVILLE, PA 17822**Current Mailing Address:**100 N. ACADEMY AVENUE  
DANVILLE, PA 17822 US**FEI Number:** 23-2311553**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 C  
Name LEE, THOMAS H M.D.  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

Title T  
Name ROBERTS, KEVIN V MBA  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

Title S  
Name FELICIO, DAVID J ESQ  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

Title B  
Name ACKER, HEATHER M  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

Title P  
Name YOUSO, STEVEN R  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

Title T  
Name WROBEL, KURT  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

Title S  
Name WEADER, DAVID J ESQ  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

Title B  
Name BRAVMAN, JOHN C PHD  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

**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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID J. WEADER**ASSISTANT SECRETARY** 01/22/2020\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title B  
Name BROWN, BRUCE  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

Title B  
Name HADDON, ROGER  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

Title B  
Name MCGREGOR, VIRGINIA  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

Title B  
Name SULLIVAN, CHRISTOPHER B  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

Title B  
Name RYU, JAEWON MD, JD  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

Title B  
Name CHARLTON, MICHAEL  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

Title B  
Name HOLCOMBE, V. CHRIS PE  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

Title B  
Name LEE, THOMAS H JR., MD, MSC  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822

Title B  
Name YOUSO, STEVEN R  
Address 100 N. ACADEMY AVENUE  
City-State-Zip: DANVILLE PA 17822