

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000000405

Entity Name: UPMC HEALTH BENEFITS, INC.**Current Principal Place of Business:**600 GRANT STREET
36TH FLOOR
PITTSBURGH, PA 15219**Current Mailing Address:**600 GRANT STREET
36TH FLOOR
PITTSBURGH, PA 15219 US**FEI Number: 25-1844144****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	BOSSER, CHRIS
Address	600 GRANT STREET 36TH FLOOR
City-State-Zip:	PITTSBURGH PA 15219

Title	DIRECTOR
Name	GONCAR, DAVID
Address	600 GRANT STREET 36TH FLOOR
City-State-Zip:	PITTSBURGH PA 15219

Title	DIRECTOR
Name	WEIR, DAVID M
Address	600 GRANT STREET 36TH FLOOR
City-State-Zip:	PITTSBURGH PA 15219

Title	DIRECTOR, PRESIDENT
Name	HOLDER, DIANE P
Address	600 GRANT STREET 36TH FLOOR
City-State-Zip:	PITTSBURGH PA 15219

Title	TREASURER
Name	BEEES, JEFFREY A
Address	600 GRANT STREET 36TH FLOOR
City-State-Zip:	PITTSBURGH PA 15219

Title	DIRECTOR
Name	TALERICO, JOSEPH
Address	600 GRANT STREET 36TH FLOOR
City-State-Zip:	PITTSBURGH PA 15219

Title	DIRECTOR, SECRETARY
Name	KASHUBA, SHERYL A ESQ.
Address	600 GRANT STREET 36TH FLOOR
City-State-Zip:	PITTSBURGH PA 15219

Title	DIRECTOR
Name	KEAFER, YVONNE
Address	600 GRANT STREET 36TH FLOOR
City-State-Zip:	PITTSBURGH PA 15219

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: SHERYL A. KASHUBA ESQ**SECRETARY****01/29/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date