

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001753

Entity Name: LUMINARE HEALTH BENEFITS, INC.**Current Principal Place of Business:**400 FIELD DRIVE
LAKE FOREST, IL 60045**Current Mailing Address:**400 FIELD DRIVE
LAKE FOREST, IL 60045 US**FEI Number:** 35-1846036**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HWY 1
NORTH PALM BEACH, FL 33408 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:** JON-MICHAEL SANCHEZ, SPECIAL SECRETARY

04/16/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name JULIEN, CRAIG
Address 400 FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title VP
Name FEDDEMA, LISA
Address 400 FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title CHIEF FINANCIAL OFFICER &
TREASURER
Name SMITH, CLARE
Address 400 FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title SECRETARY
Name SONDGEROTH, DOUGLAS
Address 400 FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name CASSIDY, KEVIN
Address 400 FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name MORGAN, SCOTT
Address 400 FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name GUPTA, SACHIN
Address 400 FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name BROWN, GREG
Address 400 FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045

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

SIGNATURE: KEVIN CASSIDYDIRECTOR, BY JON-
MICHAEL SANCHEZ,
ATTORNEY-IN-FACT

04/16/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ORTIZ, BRENDA
Address 400 FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name PRASAD, ARUN
Address 400 FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045