

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 01, 2024
Secretary of State
2414230994CC

Entity Name: UPMC HEALTH BENEFITS, INC.

Current Principal Place of Business:

600 GRANT ST FL 55
PITTSBURG, PA 15219

Current Mailing Address:

600 GRANT ST FL 55
PITTSBURG, 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 PRESIDENT, CHAIRPERSON,
 DIRECTOR
Name HOLDER, DIANE P.
Address 600 GRANT ST FL 55
City-State-Zip: PITTSBURG PA 15219

Title SECRETARY, DIRECTOR
Name KASHUBA, SHERYL A. ESQ
Address 600 GRANT ST FL 55
City-State-Zip: PITTSBURG PA 15219

Title TREASURER
Name BEES, JEFFREY A.
Address 600 GRANT ST FL 55
City-State-Zip: PITTSBURG PA 15219

Title DIRECTOR
Name BOSSER, CHRIS
Address 600 GRANT ST FL 55
City-State-Zip: PITTSBURG PA 15219

Title DIRECTOR
Name GONCAR, DAVID
Address 600 GRANT ST FL 55
City-State-Zip: PITTSBURG PA 15219

Title DIRECTOR
Name WEIR, DAVID M.
Address 600 GRANT ST FL 7
City-State-Zip: PITTSBURG PA 15219

Title DIRECTOR
Name TALERICO, JOSEPH
Address 600 GRANT ST FL 55
City-State-Zip: PITTSBURG PA 15219

Title DIRECTOR
Name KEAFER, YVONNE
Address 600 GRANT ST FL 55
City-State-Zip: PITTSBURG 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

04/01/2024

Electronic Signature of Signing Officer/Director Detail

Date