

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000006312

**Entity Name:** HEALTHSMART BENEFIT SOLUTIONS, INC.

**Current Principal Place of Business:**

222 W LAS COLINAS BLVD  
STE 500 NORTH  
IRVING, TX 75039

**FILED**  
**Apr 27, 2021**  
**Secretary of State**  
**5115094924CC**

**Current Mailing Address:**

7700 FORSYTH BLVD  
ST. LOUIS, MO 63105 US

**FEI Number: 36-4099199**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name           CHRISTIANSON, PHILIP L  
Address        222 W LAS COLINAS BLVD  
                  STE 500 NORTH  
City-State-Zip: IRVING TX 75039

Title           SECRETARY  
Name           BITTNER, SARAH A  
Address        222 W LAS COLINAS BLVD  
                  STE 500 NORTH  
City-State-Zip: IRVING TX 75039

Title           ASST. SECRETARY  
Name           WINGER, VIKI  
Address        222 W LAS COLINAS BLVD.  
                  STE. 500N  
City-State-Zip: IRVING MO 63105

Title           TREASURER, DIRECTOR  
Name           SCHWANEKE, JEFFREY A.  
Address        7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title           VP, TAX  
Name           DINKELMAN, TRICIA  
Address        7700 FORSYTH BLVD  
City-State-Zip: ST. LOUIS MO 63105

Title           DIRECTOR  
Name           KOSTER, CHRISTOPHER  
Address        7700 FORSYTH BLVD  
City-State-Zip: ST. LOUIS MO 63105

Title           DIRECTOR  
Name           HUNTER, JESSE  
Address        7700 FORSYTH BLVD  
City-State-Zip: ST. LOUIS MO 63105

*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: TRICIA DINKELMAN**

**VICE PRESIDENT, TAX**

**04/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date