

2023 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**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 JULIEN, CRAIG GORDON
Address 222 WEST COLINAS BLVD,SUITE 500N
City-State-Zip: IRVING TX 75039

Title ASST. SECRETARY
Name WINIGER, VIKI LYNN
Address 222 WEST LAS COLINOS BLVD,SUITE 500
City-State-Zip: IRVING TX 75039

Title CFO, DIRECTOR
Name ELMA, RICHARD ANTHONY
Address 222 W LAS COLINAS BLVD
STE 500 NORTH
City-State-Zip: IRVING TX 75039

Title ASST. SECRETARY
Name LANGDON, TIMOTHY JOSEPH
Address 2717 N. 118TH ST.,SUITE 300
City-State-Zip: OMAHA NE 68164

Title SECRETARY
Name HIATT, KIMBERLY MARIE
Address 5151 PFEIFFER ROAD
City-State-Zip: CINCINNATI OH 45242

Title TREASURER
Name GILL, PETER MARSHALL
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR, CEO
Name HOGAN, SCOTT WILLIAM
Address 11 SCOTT STREET
City-State-Zip: WAUSAU WI 54403

Title ASST. SECRETARY
Name LANG, HEATHER ANASTASIA
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

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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: HEATHER ANASTASIA LANG**ASSISTANT SECRETARY 04/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	ZUBA, JESSICA LEIGH
Address	POST OFFICE BOX 9472,MAIL CODE: CA952-1000
City-State-Zip:	MINNEAPOLIS MN 55440