2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000002298

Entity Name: NEA MEMBER BENEFITS CORPORATION

FILED Feb 24, 2023 Secretary of State 8547899441CC

Current Principal Place of Business:

900 CLOPPER RD., STE. 300 GAITHERSBURG, MD 20878

Current Mailing Address:

900 CLOPPER RD., STE. 300 GAITHERSBURG, MD 20878 US

FEI Number: 52-0855767 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:

Date

Officer/Director Detail :

Title Title S

Electronic Signature of Registered Agent

PHOEBUS, EDWARD G III Name Name SOTIR, LISA

Address 900 CLOPPER RD., STE. 300 Address 900 CLOPPER RD., STE. 300 GAITHERSBURG MD 20878 GAITHERSBURG MD 20878 City-State-Zip: City-State-Zip:

Title D Title Т

BOYD, E. TOBY Name EVANS, CECILIA Name

Address CALIFORNIA TEACHERS 1201 16TH ST., NW, 8TH FLOOR Address

ASSOCIATION WASHINGTON DC 20036 PO BOX 921,1705 MURCHISON DR.,

BURLINGAME CA 94011-0921 City-State-Zip:

Title **DIRECTOR**

City-State-Zip:

City-State-Zip:

City-State-Zip:

Title DIRECTOR Name CANDELARIA, NOEL

COBB, MARY JANE Name Address NATIONAL EDUCATION ASSOCIATION

1201 16TH ST, NW, 8TH FLOOR IOWA STATE EDUCATION Address

WASHINGTON DC 20036 ASSOCIATION 777 3RD STREET

Title DIRECTOR DES MOINES IA 50309 City-State-Zip:

KREITZ, ROBERTA Name

Title DIRECTOR Address CALIFORNIA TEACHERS MCKIM, BRENT

ASSOCITAION

PO BOX 921,1705 MURCHISON DR., Address JEFFERSON COUNTY TEACHERS

Name

BURLINGAME CA 94011-0921 ASSOCIATION

1941 BISHOP LANE, SUITE 300

City-State-Zip: LOUISVILLE KY 40218

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

02/24/2023 TREASURER SIGNATURE: CECILIA EVANS

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name POWELL, MARTIN

Address FLORIDA EDUCATION ASSOCIATION

213 S. ADAMS STREET

City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT

Name LINDNER, LEONA

Address 900 CLOPPER ROAD

SUITE 300

City-State-Zip: GAITHERSBURG MD 20878

Title DIRECTOR

Name SCHRAM, BARB

Address NEA- RETIRED, MICHIGAN

EDUCATION ASSOCIATION 7135 MEDALLION DRIVE

City-State-Zip: LANSING MI 48917