

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000002298

FILED
Mar 31, 2022
Secretary of State
3963722955CC

Entity Name: NEA MEMBER BENEFITS CORPORATION

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PHOEBUS, EDWARD G III
Address 900 CLOPPER RD., STE. 300
City-State-Zip: GAITHERSBURG MD 20878

Title S
Name SOTIR, LISA
Address 900 CLOPPER RD., STE. 300
City-State-Zip: GAITHERSBURG MD 20878

Title T
Name EVANS, CECILIA
Address 1201 16TH ST., NW, 8TH FLOOR
City-State-Zip: WASHINGTON DC 20036

Title D
Name BOYD, E. TOBY
Address CALIFORNIA TEACHERS
ASSOCIATION
PO BOX 921,1705 MURCHISON DR.,
City-State-Zip: BURLINGAME CA 94011-0921

Title DIRECTOR
Name CANDELARIA, NOEL
Address NATIONAL EDUCATION ASSOCIATION
1201 16TH ST, NW, 8TH FLOOR
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name COBB, MARY JANE
Address IOWA STATE EDUCATION
ASSOCIATION
777 3RD STREET
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name KREITZ, ROBERTA
Address CALIFORNIA TEACHERS
ASSOCITAION
PO BOX 921,1705 MURCHISON DR.,
City-State-Zip: BURLINGAME CA 94011-0921

Title DIRECTOR
Name MCKIM, BRENT
Address JEFFERSON COUNTY TEACHERS
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.

SIGNATURE: CECILIA EVANS

TREASURER

03/31/2022

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 DIRECTOR
Name SCHRAM, BARB
Address NEA- RETIRED, MICHIGAN
 EDUCATION ASSOCIATION
 7135 MEDALLION DRIVE
City-State-Zip: LANSING MI 48917