

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005063

FILED
Apr 28, 2021
Secretary of State
8753635460CC

Entity Name: NEA'S MEMBER BENEFITS CORPORATION

Current Principal Place of Business:

900 CLOPPER ROAD, SUITE 300
GAITHERSBURG, MD 20878

Current Mailing Address:

900 CLOPPER ROAD, SUITE 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 D
Name MOSS, PRINCESS
Address 1201 16TH AVE NW WASHINGTON, DC
NATIONAL EDUCATION ASSOCIATION
City-State-Zip: WASHINGTON DC

Title TREASURER
Name EVANS, CECILIA L.
Address 900 CLOPPER ROAD, SUITE 300
City-State-Zip: GAITHERSBURG MD 20878

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

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

Title PRESIDENT
Name PHOEBUS, EDWARD G III
Address 900 CLOPPER ROAD, SUITE 300
City-State-Zip: GAITHERSBURG MD 20878

Title SECRETARY
Name SOTIR, LISA
Address 900 CLOPPER ROAD, SUITE 300
City-State-Zip: GAITHERSBURG MD 20878

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

Title DIRECTOR
Name MCKIM, BRENT
Address 1941 BISHOP LANE, SUITE 300 JEFFERSON COUNTY TEACHERS ASSOCIATION
City-State-Zip: LOUISVILLE KY 40218

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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: CECILIA EVANS

TREASURER

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POWELL, MARTIN
Address 213 S. ADAMS STREET
FLORIDA EDUCATION ASSOCIATION
City-State-Zip: TALLAHASSEE FL 32301

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

Title DIRECTOR
Name PRICHARD, AMI
Address 9518 W. GIBRALTAR PL
COLORADO EDUCATION
ASSOCIATION
City-State-Zip: LITTLETON CO 80127