

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003203

Entity Name: IHC SPECIALTY BENEFITS, INC.**Current Principal Place of Business:**5353 WAYZATA BLVD., SUITE 300
MINNEAPOLIS, MN 55416**Current Mailing Address:**485 MADISON AVENUE, 14TH FLOOR
NEW YORK, NY 10022 US**FEI Number:** 45-4831831**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SERVICE
1200 S PINE ISLAND RD
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	DIRECTOR
Name	KELLER, DAVID
Address	2101 WEST PEORIA AVENUE, SUITE 100
City-State-Zip:	PHOENIX AZ 85029

Title	DIRECTOR/PRESIDENT/TREASURER
Name	KETTIG, DAVID T.
Address	485 MADISON AVENUE, 14TH FLOOR
City-State-Zip:	NEW YORK NY 10022

Title	DIRECTOR
Name	KEMP, MICHAEL A.
Address	1699 KING STREET, SUITE 404
City-State-Zip:	ENFIELD CT 06082
Title	SECRETARY
Name	NISSER, LOAN
Address	485 MADISON AVENUE, 14TH FLOOR
City-State-Zip:	NEW YORK NY 10022

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: LOAN NISSER**SECRETARY****03/30/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date