

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003203

**Entity Name:** IHC SPECIALTY BENEFITS, INC.**Current Principal Place of Business:**5353 WAYZATA BLVD., SUITE 300  
ST. LOUIS PARK, 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  
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 GRABER, LARRY R.  
Address 9600 GREAT HILLS TRAILS #100U  
City-State-Zip: AUSTIN TX 78759

Title DIRECTOR  
Name KELLER, DAVID  
Address 5415 EAST HIGH STREET, SUITE 300  
City-State-Zip: PHOENIX AZ 85054

Title CFO  
Name DUBAUSKAS, JON  
Address 5353 WAYZATA BLVD., SUITE 300  
City-State-Zip: ST. LOUIS PARK MN 55416

Title DIRECTOR  
Name HERBERT, TERESA A.  
Address 485 MADISON AVENUE, 14TH FLOOR  
City-State-Zip: NEW YORK NY 10022

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

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****03/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date