

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000005300

Entity Name: KIDDER BENEFITS CONSULTANTS, INC.

Current Principal Place of Business:

5700 WESTOWN PARKWAY
SUITE 100
WEST DES MOINES, IA 50266

Current Mailing Address:

5700 WESTOWN PARKWAY
SUITE 100
WEST DES MOINES, IA 50266

FEI Number: 42-1451295

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT, CEO, DIRECTOR
Name TSCHIDER, GREG
Address 1350 TREAT BLVD., SUITE 300
City-State-Zip: WALNUT CREEK CA 94597

Title SECRETARY
Name CASPER, TRICIA
Address 1350 TREAT BLVD., SUITE 300
City-State-Zip: WALNUT CREEK CA 94597

Title TREASURER, CFO
Name HAVLIN, SEAN
Address 1350 TREAT BLVD., SUITE 300
City-State-Zip: WALNUT CREEK CA 94597

Title VP, ASST. TREASURER
Name VALLANDIGHAM, AMY
Address 1350 TREAT BLVD., SUITE 300
City-State-Zip: WALNUT CREEK CA 94597

Title TREASURER, SVP, COO
Name HAFNER, DAWN
Address 5700 WESTOWN PARKWAY
 SUITE 100
City-State-Zip: WEST DES MOINES IA 50266

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: TRICIA CASPER

SECRETARY

03/18/2019

Electronic Signature of Signing Officer/Director Detail

Date