

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20753

Entity Name: 90 DEGREE BENEFITS, INC.**Current Principal Place of Business:**7020 N PORT WASHINGTON RD SUITE 206
GLENDALE, WI 53217-3800**Current Mailing Address:**7020 N PORT WASHINGTON RD SUITE 206
GLENDALE, WI 53217-3800 US**FEI Number:** 39-1277023**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
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	PRESIDENT, DIRECTOR
Name	FLUNKER, BRUCE G
Address	7020 N PORT WASHINGTON RD, STE 206
City-State-Zip:	GLENDALE WI 53217-3800

Title	DIRECTOR, CEO
Name	SHEFFIELD, CYNTHIA A
Address	2145 FORD PARKWAY SUITE200
City-State-Zip:	ST PAUL MN 55116

Title	TREASURER
Name	PATTERSON, MICHAEL L
Address	450 RIVERCHASE PKWY E
City-State-Zip:	BIRMINGHAM AL 35244

Title	D
Name	DELAWARENCE, JENNIFER
Address	613 WARWICK ROAD
City-State-Zip:	BIRMINGHAM AL 35209

Title	D
Name	RODGERS, EUGENE
Address	4602 OXBOW CIRCLE EAST
City-State-Zip:	WESTON LAKES TX 77441

Title	D
Name	ADAMSON, MICHELE
Address	4031 OAK MEADOWS COVE
City-State-Zip:	BIRMINGHAM AL 35242

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: BRUCE FLUNKER**PRESIDENT****01/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date