

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P40827

**Entity Name:** SUPERIOR VISION BENEFIT MANAGEMENT, INC.**Current Principal Place of Business:**881 ELKRIDGE LANDING ROAD  
SUITE 300  
LINTHICUM, MD 21090**Current Mailing Address:**881 ELKRIDGE LANDING ROAD  
SUITE 300  
LINTHICUM, MD 21090 US**FEI Number:** 22-2512930**Certificate of Status Desired:** Yes**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:** KAREN ROSE

04/25/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SENIOR VICE PRESIDENT,  
SECRETARY  
Name TAVEL, BRUCE O  
Address 881 ELKRIDGE LANDING ROAD  
SUITE 300  
City-State-Zip: LINTHICUM MD 21090

Title CEO AND PRESIDENT  
Name REID, JAMES  
Address 881 ELKRIDGE LANDING ROAD  
SUITE 300  
City-State-Zip: LINTHICUM MD 21090

Title CHIEF COMPLIANCE OFFICER  
Name RICHARDS, LULA MAE  
Address 881 ELKRIDGE LANDING ROAD,  
SUITE 300  
City-State-Zip: LINTHICUM MD 21090

Title DIRECTOR  
Name KATZ, TODD  
Address 200 PARK AVE  
City-State-Zip: NEW YORK NY 10166

Title EXECUTIVE VICE PRESIDENT  
Name HAMEY, CHRISTOPHER SCOTT  
Address 881 ELKRIDGE LANDING ROAD  
SUITE 300  
City-State-Zip: LINTHICUM MD 21090

Title CFO AND TREASURER  
Name DAVIS, KIMBERLY  
Address 881 ELKRIDGE LANDING ROAD  
SUITE 300  
City-State-Zip: LINTHICUM MD 21090

Title DIRECTOR  
Name BERTELLOTTI-PHELPS, HEATHER  
Address 501 ROUTE 22  
City-State-Zip: BRIDGEWATER NJ 08807

Title DIRECTOR  
Name HIRSCHBERG, ALAN  
Address 501 US HIGHWAY 22  
City-State-Zip: BRIDGEWATER NJ 08807

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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:** CHRISTOPHER SCOTT HAMEYEXECUTIVE VICE  
PRESIDENT

04/25/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            TAX OFFICER  
Name            MCCLAIN, AARON  
Address        200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

Title            TAX OFFICER  
Name            KLOTZBACH, MICHELLE  
Address        11330 OLIVE BLVD  
City-State-Zip: ST. LOUIS MO 63141