

F020000004991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

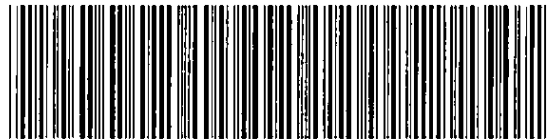
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FL Boon-Chapman Benefit Administrators, Inc., O/P/O/D Change for New Corporation

Name of Corporation

DOCUMENT NUMBER: F02000004991

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Chapman

Name of Contact Person

Boon-Chapman Benefit Administrators, Inc.

Firm/Company

9401 Amberglen Blvd., Building I, Suite 100

Address

Austin, TX 78729

City/State and Zip Code

compliance@boonchapman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Chapman

512-233-7253

Name of Contact Person

at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy (Additional
copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
Boon-Chapman Benefit Administrators, Inc.
2. This entity was authorized to transact business in Florida on 10/01/2002 and its Florida document
number is F02000004991
3. This corporation was formed under the laws of _____
4. The name and address of each officer and/or director is as follows:

Title:

See attached

Name and Address

See attached

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10

(Attach additional pages if necessary)

James Matthew Johnson
Signature of an officer or director

James Matthew Johnson

Typed or printed name of person signing

Vice President, General Counsel, CCO

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314



BOON-CHAPMAN BENEFIT ADMINISTRATORS, INC.

Officers, Owners, Partners and Directors

As of 08-07-2024

OFFICERS

CEO *** New
President
Vice President and Treasurer
Vice President and Secretary
Chief Financial Officer
General Counsel, Chief Compliance
Officer and Vice President

Sanjiv Anand
Carrie Mabrito
Steven C Burns
Mark Daniel Grinnan
Matt Durham
James Matthew Johnson

DIRECTORS

Director
Director
Director
Director
Director

Nyle J. Leftwich
Steven C Burns
Mark Daniel Grinnan
Sharon Beth Cunninghis
Peter Joseph Mace

OWNERSHIP

Stockholder

Soluta Acquisition Sub, Inc. (100%)