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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUN 17 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Allegiance Benefit Plan Management, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Roger Cowan

Name of Person

Allegiance Benefit Plan Management, Inc.

Firm/Company

2806 South Garfield St.

Address

Missoula, MT 59801

City/State and Zip code

rcowan@askallegiance.com

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

For further information concerning this matter, please call:

Jane Herceg

Name of Person

at (406) 721-2222 ext. 3210

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Allegiance Benefit Plan Management, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Montana 3. 81-0400550
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 17, 1981 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2806 South Garfield Street, Missoula, MT 59801
(Principal office address)

2806 South Garfield Street, Missoula, MT 59801
(Current mailing address)

8. Third party health benefit plan administration services and all other legal business purposes
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: 

(Registered agent's signature) Cameron Cullen, Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Dirk C. Visser

Address: 2086 South Garfield St.
Missoula, MT 59801

Vice Chairman: N/A

Address: _____

Director: William s. Jameson

Address: 400 North Brand Blvd.
Glendale, CA 91203

Director: Eric P. Palmer

Address: 900 Cottage Grove Rd., C5PRC
Hartford, CT 06152

B. OFFICERS

President: Ronald K. Dewsnap

Address: 2806 South Garfield St.
Missoula, MT 59801

Vice President: Richard K. Daniels

Address: 2806 South Garfield St.
Missoula, MT 59801

Secretary: Shermona Mapp

Address: 1601 Chestnut St. TL16F, Philadelphia, PA 19192

Treasurer: Richard K. Daniels

Address: 2806 South Garfield St., Missoula, MT 59801

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Ronald K. Dewsnap President and General Manager

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE

STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

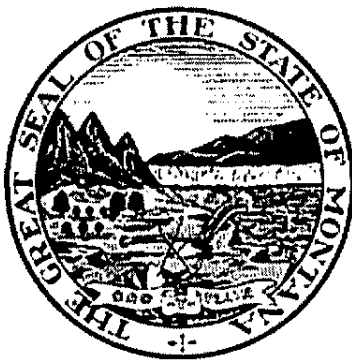
ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC..

duly filed its Articles of Incorporation in this office on 17 June 1981, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state of record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 10 June 2011 .

LINDA MCCULLOCH
Secretary of State

Certified File Number: D052755

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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