

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144202

Entity Name: AFLAC BENEFITS SOLUTIONS, INC.**Current Principal Place of Business:**4211 WEST BOY SCOUT BLVD
SUITE 295
TAMPA, FL 33607**Current Mailing Address:**4211 WEST BOY SCOUT BLVD
SUITE 295
TAMPA, FL 33607 US**FEI Number:** 20-5898265**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	SECRETARY, VP
Name	LOUDERMILK, J. MATTHEW
Address	4211 WEST BOY SCOUT BLVD SUITE 295
City-State-Zip:	TAMPA FL 33607

Title	DIRECTOR
Name	HOWARD, JUNE
Address	4211 WEST BOY SCOUT BLVD SUITE 295
City-State-Zip:	TAMPA FL 33607

Title	TREASURER
Name	BETTIN, NICK
Address	4211 WEST BOY SCOUT BLVD SUITE 295
City-State-Zip:	TAMPA FL 33607

Title	DIRECTOR
Name	BEAVER, STEVE
Address	4211 WEST BOY SCOUT BLVD SUITE 295
City-State-Zip:	TAMPA FL 33607

Title	PRESIDENT, CHAIRMAN
Name	MILLER, VIRGIL
Address	4211 WEST BOY SCOUT BLVD SUITE 295
City-State-Zip:	TAMPA FL 33607

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: J. MATTHEW LOUDERMILK**SECRETARY****03/01/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date