

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000011709

Entity Name: ALLIED BENEFIT SYSTEMS, LLC

Current Principal Place of Business:

200 W ADAMS ST STE 500
CHICAGO, IL 60606

Current Mailing Address:

PO BOX 211651
EAGAN, MN 55121 US

FEI Number: 36-3086057

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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

Authorized Person(s) Detail :

Title MGR
Name ALLIED BENEFIT SYSTEMS
INTERMEDIATE LLC
Address 200 W ADAMS ST STE 500
City-State-Zip: CHICAGO IL 60606

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAITLIN BRIAN

AUTHORIZED INDIVIDUAL 01/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date