

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000000271

**FILED**  
**Mar 04, 2020**  
**Secretary of State**  
**1190519463CC**

**Entity Name:** ALWAYS CARE BENEFITS, INC.

**Current Principal Place of Business:**

8485 GOODWOOD BLVD.  
BATON ROUGE, LA 70806

**Current Mailing Address:**

1 FOUNTAIN SQUARE  
CHATTANOOGA, TN 37402 US

**FEI Number: 72-1146709**

**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 CEO, STARMOUNT, DIRECTOR  
Name STERNBERG, ERICH  
Address 8485 GOODWOOD BLVD.  
City-State-Zip: BATON ROUGE LA 70806

Title VP, CFO, STARMOUNT  
Name WILD, JEFFREY G  
Address 8485 GOODWOOD BLVD.  
City-State-Zip: BATON ROUGE LA 70806

Title DIRECTOR, EVP  
Name ARNOLD, TIMOTHY G.  
Address 1200 COLONIAL LIFE BOULEVARD  
City-State-Zip: COLUMBIA SC 29210

Title DIRECTOR, EVP, CHIEF  
INFORMATION AND DIGITAL OFFICER  
Name BHASIN, PUNEET  
Address 1 FOUNTAIN SQUARE  
City-State-Zip: CHATTANOOGA TN 37402

Title DIRECTOR, EVP, GENERAL COUNSEL  
Name IGLESIAS, LISA G.  
Address 1 FOUNTAIN SQUARE  
City-State-Zip: CHATTANOOGA TN 37402

Title VP, CORPORATE SECRETARY  
Name JULLIENNE, J. PAUL  
Address 1 FOUNTAIN SQUARE  
City-State-Zip: CHATTANOOGA TN 37402

Title DIRECTOR, SVP, FINANCE  
Name MITCHELL, STEPHEN J.  
Address 2211 CONGRESS STREET  
City-State-Zip: PORTLAND ME 04122

Title DIRECTOR, EVP  
Name SIMONDS, MICHAEL Q.  
Address 2211 CONGRESS STREET  
City-State-Zip: PORTLAND ME 04122

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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: J. PAUL JULLIENNE**

**VP, CORPORATE  
SECRETARY**

**03/04/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP, TREASURER  
Name KATZ, BENJAMIN S.  
Address 1 FOUNTAIN SQUARE  
City-State-Zip: CHATTANOOGA TN 37402

Title SVP, TAX AND TREASURY  
Name PASHLEY, CHERIE A.  
Address 1 FOUNTAIN SQUARE  
City-State-Zip: CHATTANOOGA TN 37402