

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000271

FILED
May 01, 2018
Secretary of State
CC7364444058

Entity Name: ALWAYS CARE BENEFITS, INC.

Current Principal Place of Business:

8485 GOODWOOD BLVD.
BATON ROUGE, LA 70806

Current Mailing Address:

8485 GOODWOOD BLVD
BATON ROUGE, LA 70806-7878 US

FEI Number: 72-1146709

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR, STE A
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, DIRECTOR
Name STERNBERG, ERICH
Address 8485 GOODWOOD BLVD.
City-State-Zip: BATON ROUGE LA 70806

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

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

Title VP, DIRECTOR
Name BHASIN, PUNEET
Address 1 FOUNTAIN SQUARE
City-State-Zip: CHATTANOOGA TN 37402

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

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

Title VP, DIRECTOR
Name MCGARRY, JOHN F.
Address 2211 CONGRESS STREET
City-State-Zip: PORTLAND ME 04122

Title VP
Name MITCHELL, STEPHEN J.
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

SECRETARY

05/01/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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