## **2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000000271

Entity Name: ALWAYSCARE 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

FILED Jan 28, 2021

Secretary of State

8108024260CC

Officer/Director Detail:

Title PRESIDENT AND CEO Title VP, CFO

Name MCLEAN, PAUL M. Name WILD, JEFFREY G

Address 8485 GOODWOOD BLVD Address 8485 GOODWOOD BLVD.

City-State-Zip: BATON ROUGE LA 70806 City-State-Zip: BATON ROUGE LA 70806

Title DIRECTOR, EVP Title DIRECTOR, EVP, CHIEF

Name ARNOLD, TIMOTHY G. INFORMATION AND DIGITAL OFFICER

Address 1200 COLONIAL LIFE BOULEVARD Name BHASIN, PUNEET

Address 1 FOUNTAIN SQUARE

City-State-Zip: COLUMBIA SC 29210 City-State-Zip: CHATTANOOGA TN 37402

Title DIRECTOR, EVP, GENERAL COUNSEL Title

Name IGLESIAS, LISA G. CORPORATE SECRETARY

Address 1 FOLINTAIN SOLIARE Name JULLIENNE, J. PAUL

Address 1 FOUNTAIN SQUARE Name JULLIENNE, J. PAUL
City-State-7ip: CHATTANOOGA TN 37402 Address 1 FOUNTAIN SQUARE

City-State-Zip: CHATTANOOGA TN 37402 Address 1 FOUNTAIN SQUARE
City-State-Zip: CHATTANOOGA TN 37402
City-State-Zip: CHATTANOOGA TN 37402

Title DIRECTOR, EVP

NameSIMONDS, MICHAEL Q.TitleVP, TREASURERAddress2211 CONGRESS STREETNameKATZ, BENJAMIN S.City-State-Zip:PORTLAND ME 04122Address1 FOUNTAIN SQUARE

City-State-Zip: CHATTANOOGA TN 37402

Continues on page 2

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, MANAGING COUNSEL 01/28/2021 AND CORPORATE

VP, MANAGING COUNSEL AND

SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

SVP, CHIEF ACCOUNTING OFFICER AND HEAD OF TREASURY Title

Name PASHLEY, CHERIE A. 1 FOUNTAIN SQUARE Address

City-State-Zip: CHATTANOOGA TN 37402