2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002516

Entity Name: ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC.

Current Principal Place of Business:

2806 S GARFIELD ST
MISSOULA, MT 59801

Current Mailing Address:

2806 S GARFIELD ST
MISSOULA, MT 59801

FEI Number: 81-0400550

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

Officer/Director Detail :

Title	C	Title	D
Name	VISSER, DIRK C	Name	JAMESON, WILLIAM S
Address	2806 S GARFIELD ST	Address	400 N BRAND BLVD
City-State-Zip:	MISSOULA MT 59801	City-State-Zip:	GLENDALE CA 91203
Title	P	Title	VP
Name	DEWSNUP, RONALD K	Name	DANIELS, RICHARD K
Address	2806 S GARFIELD ST	Address	2806 S GARFIELD ST
City-State-Zip:	MISSOULA MT 59801	City-State-Zip:	MISSOULA MT 59801
Title	S	Title	DIRECTOR
Name	STADELMAN, JILL	Name	DEROSA, CHRISTOPHER
Address	1601 CHESTNUT ST TL7LO	Address	26 EXECUTIVE PARK
City-State-Zip:	PHILADELPHIA PA 19192	City-State-Zip:	IRVINE CA 92614
Title	DIRECTOR	Title	DIRECTOR
Name	TUTWILER, JESSICA	Name	NOVACK, RICHARD
Address	900 COTTAGE GROVE RD. WILDE	Address	3500 PIEDMONT RD N.E. SUITE 200
City-State-Zip:	BLOOMFIELD CT 06002	City-State-Zip:	ATLANTA GA 30305

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: RONALD K. DEWSNUP   PRESIDENT   03/26/2021

Electronic Signature of Signing Officer/Director Detail   Date