

2025 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 PRESIDENT
Name TAHTA, STEPHEN A
Address 2806 S GARFIELD ST
City-State-Zip: MISSOULA MT 59801

Title SECRETARY
Name MORROW, ALICIA
Address 1 EXPRESS WAY
City-State-Zip: ST LOUIS MO 63121

Title DIRECTOR
Name TAHTA, STEPHEN
Address 2806 S GARFIELD ST
City-State-Zip: MISSOULA MT 59801

Title DIRECTOR
Name FLASTER, AMY
Address 38 CLARENDON ST
 APT 2
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name FREY, NICHOLAS
Address 1 EXPRESS WAY
City-State-Zip: ST LOUIS MO 63121

Title DIRECTOR
Name DLUGOLENSKI, HEATHER
Address 900 COTTAGE GROVE RD.
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name JONES, ALEXIS
Address 1601 CHESTNUT ST. TWO LIBERTY
City-State-Zip: PHILADELPHIA PA 19192

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: STEPHEN A TAHTA**PRESIDENT****03/11/2025**

Electronic Signature of Signing Officer/Director Detail

Date