

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20753

**Entity Name:** 90 DEGREE BENEFITS, INC.**Current Principal Place of Business:**7020 N PORT WASHINGTON RD SUITE 206  
GLENDALE, WI 53217-3800**Current Mailing Address:**7020 N PORT WASHINGTON RD SUITE 206  
GLENDALE, WI 53217-3800 US**FEI Number:** 39-1277023**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
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, DIRECTOR  
Name            FLUNKER, BRUCE G  
Address        7020 N PORT WASHINGTON RD, STE  
                  206  
City-State-Zip: GLENDALE WI 53217-3800

Title            DIRECTOR, CEO  
Name            SHEFFIELD, CYNTHIA A  
Address        2145 FORD PARKWAY  
                  SUITE200  
City-State-Zip: ST PAUL MN 55116

Title            TREASURER  
Name            PATTERSON, MICHAEL L  
Address        450 RIVERCHASE PKWY E  
City-State-Zip: BIRMINGHAM AL 35244

Title            CHAIRMAN  
Name            HERRINGDON, SHEILA  
Address        450 RIVERCHASE PKWY E  
City-State-Zip: BIRMINGHAM AL 35244

Title            D  
Name            DELAWRENCE, JENNIFER  
Address        613 WARWICK ROAD  
City-State-Zip: BIRMINGHAM AL 35209

Title            D  
Name            RODGERS, EUGENE  
Address        4602 OXBOW CIRCLE EAST  
City-State-Zip: WESTON LAKES TX 77441

Title            D  
Name            ADAMSON, MICHELE  
Address        4031 OAK MEADOWS COVE  
City-State-Zip: BIRMINGHAM AL 35242

*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:** BRUCE G FLUNKER**PRESIDENT****04/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date