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State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. 000700662

2. Name of Corporation Allegiance Benefit Plan Management, Inc.

3. Street Address Principal Business Office:

No. and Street: 2806 SOUTH GARFIELD STREET
City or Town: MISSOULA State: MT Zip: 59801 Country: USA

4. Business Phone No.

4067212222

5. State of Incorporation

State: MT

6. Brief Description of the Character of Business Conducted in Rhode Island

THIRD PARTY HEALTH BENEFIT PLAM ADMINISTRATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RONALD K DEWSNUP	2806 SOUTH GARFIELD STREET MISOULA, MT 59801 USA
SECRETARY	ANNA KRISHTUL	1601 CHESTNUT ST. TL16O PHILADELPHIA, PA 19192 USA
VICE PRESIDENT	RICHARD K DANIELS	2806 S GARFIELD ST MISSOULA, MT 59801 USA
DIRECTOR	DIRK C VISSER	2806 S GARFIELD ST MISSOULA, MT 59801 USA
DIRECTOR	WILLIAM S JAMESON	400 N BRAND BLVD

0-5647-0

		GLENDALE, CA 91203 USA
DIRECTOR	ERIC P PALMER	900 COTTAGE GROVE RD, C5PRC HARTFORD, CT 06152 USA
DIRECTOR	JEFF S TERRILL	11001 N BLACK CANYON HIGHWAY PHOENIX, AZ 85029 USA
DIRECTOR	BRADLEY K MILLER	900 COTTAGE GROVE RD, W2SLT HARTFORD, CT 06152 USA
DIRECTOR	JACQUELYN A AUBE	900 COTTAGE GROVE RD. BLOOMFIELD, CT 06002 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$1.0000	50,000.00	20

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 7 Day of February, 2013 at 10:44:50 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ROGER COWAN
Signature of Authorized Representative of the Corporation

ADMINISTRATIVE PROCEDURES MANAGER
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07