



**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: 2014

1. Corporate ID No. 000507923

2. Name of Corporation Dickerson Employee Benefits, Inc.

3. Street Address Principal Business Office:

No. and Street: 1918 RIVERSIDE DRIVE

City or Town: LOS ANGELES

State: CA

Zip: 90039

Country: USA

4. Business Phone No.

800-457-6116

5. State of Incorporation

State: CA

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

NONRESIDENT INSURANCE AGENCY SALES & SERVICE

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	CARL ETHRIDGE DICKERSON	490 PROSPECT BLVD. PASADENA, CA 91103 USA
TREASURER	MICHAEL K WOLFF	1918 RIVERSIDE DR. LOS ANGELES, CA 90039 USA
SECRETARY	CARL E DICKERSON	490 PROSPECT BLVD PASADENA, CA 91103 USA
CEO	CARL A LEE	130 E. BONITA AVE SIERRA MADRE, CA 91024 USA
CFO	MICHAEL K WLOFF	1918 RIVERSIDE DR.

		LOS ANGELES, CA 90039 USA
VICE PRESIDENT	CARL A LEE	130 E. BONITA AVE. SIERRA MADRE, CA 91024 USA
DIRECTOR	JEAN VIOLA DICKERSON	490 PROSPECT BLVD. PASADENA, CA 91103 USA
DIRECTOR	DENNIS CLARK DICKERSON	212 ASPENWOOD LN. NASHVILLE, TN 37221 USA
DIRECTOR	ANGELA BETH DICKERSON	130 E. BONITA AVE. SIERRA MADRE, CA 91024 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	100,000.00	10000

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 5 Day of February, 2014 at 9:47:17 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 CARL ETHRIDGE DICKERSON
Signature of Authorized Representative of the Corporation

PRESIDENT
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

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