



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: 2016

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.

406-721-2222

5. State of Incorporation

State: MT

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

THIRD PARTY HEALTH BENEFIT PLAN 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 MISSOULA, MT 59801 USA
SECRETARY	ANNA KRISHTUL	1601 CHESTNUT ST. TL160 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

		GLENDAL, CA 91203 USA
DIRECTOR	JACQUELYN A AUBE	900 COTTAGE GROVE RD. BLOOMFIELD, CT 06002 USA
DIRECTOR	MICHAEL W TRIPLETT	901 E CARY ST, SUITE 2000 RICHMOND, VA 23219 USA
DIRECTOR	DINESH GANESAN	900 COTTAGE GROVE RD, WILDE, W3FIN BLOOMFIELD, CT 06152 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>
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 13 Day of January, 2016 at 6:07:40 PM. *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 RONALD K. DEWSNUP
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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