

**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Foreign Business Corp
Annual Report - Amended**

Filing Period: February 1 - May 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.

This form is only to be used to amend the current annual report on file with this office.**ANNUAL REPORT YEAR:** 2025**1. Corporate ID No.** 000700662**2. Name of Corporation** Allegiance Benefit Plan Management, Inc.**3. Street Address Principal Business Office:**No. and Street: 2806 S GARFIELD STCity or Town: MISSOULAState: MTZip: 59801Country: USA**5. State of Incorporation**State: MT**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

999999**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	STEPHEN A TAHTA	2806 S GARFIELD ST MISSOULA, MT 59801 USA

SECRETARY	ALICIA MORROW	1 EXPRESS WAY ST LOUIS, MO 63121 USA
CFO	BEAU LARSON	2806 S GARFIELD ST MISSOULA, MT 59801 USA
DIRECTOR	STEPHEN A TAHTA	2806 SOUTH GARFIELD ST MISSOULA, MT 59801 USA
DIRECTOR	HEATHER DLUGOLENSKI	900 COTTAGE GROVE RD. BLOOMFIELD, CT 06002 USA
DIRECTOR	ALEXIS JONES	1601 CHESTNUT ST.-TWO LIBERTY PHILADELPHIA, PA 19192 USA
DIRECTOR	NICHOLAS FREY	1 EXPRESS WAY ST LOUIS, MO 63121 USA
DIRECTOR	AMY FLASTER	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 <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 2 Day of June, 2025 at 2:31:10 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 STEPHEN A. TAHTA

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 02, 2025 02:30 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

