

1.) CORPORATION NAME:

ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1868431**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2806 S GARFIELD ST

CITY/ST/ZIP: MISSOULA, MT 59801

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: RONALD K DEWSNUP TITLE: PRES GM ADDRESS: 2806 S GARFIELD ST CITY/ST/ZIP/CO: MISSOULA, MT 59801</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD K DANIELS TITLE: VP CFO TREAS ADDRESS: 2806 S GARFIELD ST CITY/ST/ZIP/CO: MISSOULA, MT 59801</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: SHERMONA MAPP TITLE: SECRETARY ADDRESS: 1601 CHESTNUT ST TL16F CITY/ST/ZIP/CO: PHILADELPHIA, PA 19192</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM S JAMESON TITLE: DIRECTOR ADDRESS: 400 N BRAND BLVD CITY/ST/ZIP/CO: GLENDALE, CA 91203</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DIRK C VISSER TITLE: DIRECTOR ADDRESS: 2806 S GARFIELD ST CITY/ST/ZIP/CO: MISSOULA, MT 59801</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BRADLEY K MILLER TITLE: DIRECTOR ADDRESS: 900 COTTAGE GROVE RD W2SLT CITY/ST/ZIP/CO: HARTFORD, CT 06152</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: ERIC P PALMER TITLE: DIRECTOR ADDRESS: 900 COTTAGE GROVE RD C5PRC CITY/ST/ZIP/CO: HARTFORD, CT 06152	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS B RICHARDS TITLE: DIRECTOR ADDRESS: 900 COTTAGE GROVE RD W2SLT CITY/ST/ZIP/CO: HARTFORD, CT 06152	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEFFREY S TERRILL TITLE: DIRECTOR ADDRESS: 11001 N BLACK CANYON HWY CITY/ST/ZIP/CO: PHOENIX, AZ 85029	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ RONALD K DEWSNUP SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RONALD K DEWSNUP, PRES GM PRINTED NAME AND CORPORATE TITLE	6/13/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		