

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213527762

1.) CORPORATION NAME:

ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1868431**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

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.

NAME:	RONALD K DEWSNUP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES GM		
ADDRESS:	2806 S GARFIELD ST		
CITY/ST/ZIP/CO:	MISSOULA, MT 59801		

NAME:	RICHARD K DANIELS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CFO TREAS		
ADDRESS:	2806 S GARFIELD ST		
CITY/ST/ZIP/CO:	MISSOULA, MT 59801		

NAME:	ANNA KRISHTUL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1601 CHESTNUT ST TL160		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19192		

NAME:	WILLIAM S JAMESON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 N BRAND BLVD		
CITY/ST/ZIP/CO:	GLENDALE, CA 91203		

NAME:	BRADLEY K MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	900 COTTAGE GROVE RD W2SLT		
CITY/ST/ZIP/CO:	HARTFORD, CT 06152		

NAME:	ERIC P PALMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	900 COTTAGE GROVE RD C5PRC		
CITY/ST/ZIP/CO:	HARTFORD, CT 06152		

NAME: JACQUELYN A AUBE TITLE: DIRECTOR ADDRESS: 900 COTTAGE GROVE RD CITY/ST/ZIP/CO: BLOOMFIELD, CT 06002	<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
NAME: DIRK C VISSER TITLE: DIRECTOR ADDRESS: 2806 S GARFIELD ST CITY/ST/ZIP/CO: MISSOULA, MT 59801	<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	6/14/2013 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.		