

1.) CORPORATION NAME:

ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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: ANNA KRISHTUL TITLE: SECRETARY ADDRESS: 1601 CHESTNUT ST TL160 CITY/ST/ZIP/CO: PHILADELPHIA, PA 19192</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JACQUELYN A AUBE TITLE: DIRECTOR ADDRESS: 900 COTTAGE GROVE RD CITY/ST/ZIP/CO: BLOOMFIELD, CT 06002</p>	<input type="checkbox"/> OFFICER <input checked="" 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: CHRISTOPHER J WHELAN TITLE: DIRECTOR ADDRESS: 900 COTTAGE GROVE RD, WILDE CITY/ST/ZIP/CO: HARTFORD, CT 06152</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL W TRIPLETT DIRECTOR 901 E CARY ST, SUITE 2000 RICHMOND, VA 23219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIRK C VISSER DIRECTOR 2806 S GARFIELD ST MISSOULA, MT 59801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	RONALD K DEWSNUP, PRES GM	5/29/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.