

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004571

**Entity Name:** FCE BENEFIT ADMINISTRATORS, INC.**Current Principal Place of Business:**1528 SO EL CAMINO REAL  
SUITE 407  
SAN MATEO, CA 94402**Current Mailing Address:**1528 SO EL CAMINO REAL  
SUITE 407  
SAN MATEO, CA 94402 US**FEI Number:** 33-0330036**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR	Title	CEO, DIRECTOR
Name	BECKMAN, GARY	Name	PORTER, STEPHEN LABATT
Address	160 PATRICIA DR.	Address	1528 SO. EL CAMINO REAL, SUITE 407 SUITE 407
City-State-Zip:	ATHERTON CA 94027	City-State-Zip:	SAN MATEO CA 94402
Title	PRESIDENT AND CHIEF MARKETING OFFICER	Title	COO
Name	PORTER, CHRISTOPHER EDWARD	Name	DOMENECH, ISAAC LUIS
Address	15285 SO EL CAMINO REAL SUITE 407	Address	4615 WALZEM ROAD SUITE 300
City-State-Zip:	SAN MATEO CA 94402	City-State-Zip:	SAN ANTONIO TX 78218
Title	CFO	Title	CHIEF RISK OFFICER
Name	BERG, HOPE QIAO	Name	CARNEY, DAVID PATRICK
Address	4615 WALZEM ROAD SUITE 300	Address	4615 WALZEM ROAD SUITE 300
City-State-Zip:	SAN ANTONIO TX 78218	City-State-Zip:	SAN ANTONIO TX 78218

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DAVID PATRICK CARNEY**CHIEF RISK OFFICER****03/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date