

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000005300

**Entity Name:** KIDDER BENEFITS CONSULTANTS, INC.**Current Principal Place of Business:**5700 WESTOWN PARKWAY  
SUITE 100  
WEST DES MOINES, IA 50266**Current Mailing Address:**5700 WESTOWN PARKWAY  
SUITE 100  
WEST DES MOINES, IA 50266**FEI Number:** 42-1451295**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT, CEO, DIRECTOR  
Name            TSCHIDER, GREG  
Address        1350 TREAT BLVD., SUITE 300  
City-State-Zip: WALNUT CREEK CA 94597

Title            SECRETARY  
Name            CASPER, TRICIA  
Address        1350 TREAT BLVD., SUITE 300  
City-State-Zip: WALNUT CREEK CA 94597

Title            TREASURER, CFO  
Name            HAVLIN, SEAN  
Address        1350 TREAT BLVD., SUITE 300  
City-State-Zip: WALNUT CREEK CA 94597

Title            VP, ASST. TREASURER  
Name            VALLANDIGHAM, AMY  
Address        1350 TREAT BLVD., SUITE 300  
City-State-Zip: WALNUT CREEK CA 94597

Title            TREASURER, SVP, COO  
Name            HAFNER, DAWN  
Address        5700 WESTOWN PARKWAY  
                 SUITE 100  
City-State-Zip: WEST DES MOINES IA 50266

*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:** TRICIA CASPER

SECRETARY

03/18/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date