

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 829347 (4)

1. Corporation Name
SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.

FILED
95 JAN 25 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
151 FARMINGTON AVE. YF58 REAB HARTFORD CT 06158 **151 FARMINGTON AVE. YF58 REAB HARTFORD CT 06158**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/23/1973	05/01/1994
22		27		4. FEI Number	Applied For
23		28		06-0889923	Not Applicable
24		25		5. Certificate of Status Desired	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		29		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
29		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City		
				FL	B5	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, THOMAS L	1.2 NAME	
STREET ADDRESS	53 MOUNTAIN BRAKE	1.3 STREET ADDRESS	
CITY - ST - ZIP	W HARTFORD CT	1.4 CITY - ST - ZIP	
TITLE	AT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENAUPT, RICHARD R	2.2 NAME	
STREET ADDRESS	6 RAYLO COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHICOPEE MA	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, TIMOTHY J	3.2 NAME	
STREET ADDRESS	18 SALISBURY WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	FARMINGTON CT	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKOLOFF, NEIL M	4.2 NAME	
STREET ADDRESS	15 ARLEN WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST HARTFORD CT	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'SULLIVAN, DANIEL E	5.2 NAME	
STREET ADDRESS	546 N ROAST MEAT	5.3 STREET ADDRESS	
CITY - ST - ZIP	KILLINGWORTH CT	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORISS, EMILY J	6.2 NAME	
STREET ADDRESS	12 GIN STILL LN	6.3 STREET ADDRESS	
CITY - ST - ZIP	WEST HARTFORD CT	6.4 CITY - ST - ZIP	

50 Kenmore Rd
Bloomfield, CT 06002

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 appointed to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an addition.

SIGNATURE: *Brian Ellis* 1/16/95 203.273.6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Enter Phone #)

SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.

DIRECTORS:

<u>Name</u>	<u>Social Security Number</u>	<u>Residence Address</u>
Roger H. Hamm	361-38-6192	5 Stonebridge Lane West Hartford, CT 06107
James Lehan	022-34-2650	15 Fredrickson Road Norfolk, MA 02056
Ellen Rinaldi	041-48-4514	34 Hawthorne Mead Drive Glastonbury, CT 06033
Scott A. Striegel	267-82-9184	4 Essex Ct. Farmington, CT 06032
T. Joseph Thornton	004-44-9848	18 Salisbury Way Farmington, CT 06032

PRINCIPAL OFFICERS:

<u>Name/Social Security No.</u>	<u>Title</u>	<u>Residence Address</u>
T. Joseph Thornton 004-44-9848	President	18 Salisbury Way Farmington, CT 06032
Neil M. Sokoloff 030-28-8415	Vice President and Compliance Officer	15 Arlen Way West Hartford, CT 06117
William E. Belekewicz 048-34-3642	Vice President - Systems	23 Eliot Drive Vernon, CT 06066
Kristi L. Ferruolo 035-40-6333	Vice President - Administration	53 Ivy Lane South Windsor, CT 06074
Bruce A. Hoffman 044-36-9279	Vice President - Finance	6 Petticoat Lane Broad Brook, CT 06016
Emily J. Poriss 047-38-1768	Secretary	50 Kenmore Road Bloomfield, CT 06002

Brian T. Ellis
048-34-0468

Assistant Secretary

139 Kent Lane
South Windsor, CT 06074

Daniel E. O'Sullivan
147-46-2169

Treasurer

546 N. Roast Meat Hill Rd.
Killingworth, CT 06419

James L. McAuley
049-30-7541

Assistant Treasurer

49 Lorraine Drive
Manchester, CT

Peter L. Gill
047-38-2583

Assistant Treasurer

35 Byron Drive
Avon, CT

Richard R. Henault
015-26-1491

Assistant Treasurer

6 Raylo Court
Chicopee, MA

BUSINESS ADDRESS FOR ALL LISTED:

Systematized Benefits Administrators
c/o Aetna Life and Casualty Company
151 Farmington Avenue
Hartford, CT 06156

Address.doc