

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **829347** (4)  
1. Corporation Name  
**SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.**



Principal Place of Business: **151 FARMINGTON AVE., REAB HARTFORD CT 06156 US**  
Mailing Address: **151 FARMINGTON AVE., REAB HARTFORD CT 06156 US**

2. Principal Place of Business: 21 State, Apt. P.O., 22 City & State, 23 Zip, 24 County, 25  
2a. Mailing Address: 26 State, Apt. P.O., 27 City & State, 28 Zip, 29 County, 30

3. Date Incorporated or Qualified: **01/23/1973** 3a. Date of Last Report: **01/25/1995**  
4. FBT Number: **06-0889923** Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1408, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0903, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date of Filing: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| 12.1 TITLE                 | D                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.2 NAME                  | WEST, THOMAS L       | 1.2 NAME  |   |
| 12.3 STREET ADDRESS        | 53 MOUNTAIN BRAKE    | 1.3 STREET ADDRESS                                    |   |
| 12.4 CITY, ST, ZIP         | W HARTFORD CT        | 1.4 CITY, ST, ZIP                                     |   |
| 12.5 TITLE                 | AT                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.6 NAME                  | HENault, RICHARD R   | 2.2 NAME  |   |
| 12.7 STREET ADDRESS        | 6 RAYLO COURT        | 2.3 STREET ADDRESS                                    |   |
| 12.8 CITY, ST, ZIP         | CHICOPEE MA          | 2.4 CITY, ST, ZIP                                     |   |
| 12.9 TITLE                 | P                    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.10 NAME                 | THORNTON, TIMOTHY J  | 3.2 NAME  |   |
| 12.11 STREET ADDRESS       | 18 SALISBURY WAY     | 3.3 STREET ADDRESS                                    |   |
| 12.12 CITY, ST, ZIP        | FARMINGTON CT        | 3.4 CITY, ST, ZIP                                     |   |
| 12.13 TITLE                | VP                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.14 NAME                 | SOKOLOFF, NEIL M     | 4.2 NAME  |   |
| 12.15 STREET ADDRESS       | 15 ARLEN WAY         | 4.3 STREET ADDRESS                                    |   |
| 12.16 CITY, ST, ZIP        | WEST HARTFORD CT     | 4.4 CITY, ST, ZIP                                     |   |
| 12.17 TITLE                | T                    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.18 NAME                 | O'SULLIVAN, DANIEL E | 5.2 NAME  |   |
| 12.19 STREET ADDRESS       | 546 N ROAST MEAT     | 5.3 STREET ADDRESS                                    |   |
| 12.20 CITY, ST, ZIP        | KILLINGWORTH CT      | 5.4 CITY, ST, ZIP                                     |   |
| 12.21 TITLE                | S                    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.22 NAME                 | PORISS, EMILY J      | 6.2 NAME  |   |
| 12.23 STREET ADDRESS       | 50 KENMORE RD.       | 6.3 STREET ADDRESS                                    |   |
| 12.24 CITY, ST, ZIP        | BLOOMFIELD CT        | 6.4 CITY, ST, ZIP                                     |   |

*See Attached listing*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, with an alternate with an address.

SIGNATURE: *[Signature]* ASST. Treasurer 7/16/96 (866) 273-2403  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

**SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.**

**DIRECTORS:**

| <u>Name</u>       | <u>Social Security #</u> | <u>Residence Address</u>                 |
|-------------------|--------------------------|--|
| Ida Colon         | 017-58-3349              | 19 Greene Place<br>Springfield, MA 01109 |
| June E. Drewry    | 148-42-4982              | 20 Winterset Lane<br>Simsbury, CT 06070  |
| Gail P. Johnson   | 071-42-7059              | 275 Oxford Street<br>Hartford, CT 06105  |
| James C. Lehan    | 022-34-2650              | 15 Fredrickson Road<br>Norfolk, MA 02056 |
| Gerald F. O'Brien | 047-30-5898              | 83 Brookmoor Road<br>Avon, CT 06001      |
| Scott A. Striegel | 267-82-9184              | 4 Essex Ct.<br>Farmington, CT 06032      |

**PRINCIPAL OFFICERS:**

| <u>Name</u>                        | <u>Title</u>                             | <u>Residence Address</u>                   |
|------------------------------------|--|--|
| June E. Drewry<br>148-42-4982      | President                                | 20 Winterset Lane<br>Simsbury, CT 06070    |
| Fred J. Franklin<br>052-38-4742    | Vice President and<br>Compliance Officer | 65 Intervale Road<br>Providence, RI 02906  |
| Susan S. Houle<br>048-70-6988      | Vice President -<br>Administration       | 26 Wildemere Avenue<br>Waterbury, CT 06705 |
| Marilyn A. Jacobsen<br>044-52-6819 | Vice President - Operations              | 50 Holyoke Road<br>Manchester, CT 06040    |

**SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.**

**PRINCIPAL OFFICERS:** (Continued)

| <u>Name</u>                         | <u>Title</u>                | <u>Residence Address</u>                               |
|-------------------------------------|-----------------------------|--|
| Cynthia T. McNickle<br>224-98-2441  | Vice President - Accounting | 40 Michele Drive<br>Portland, CT 06480                 |
| Thomas M. Bounty<br>045-52-5529     | Secretary                   | 18 Howey Road<br>Ashford, CT 06278                     |
| Maureen M. Gillis<br>042-44-6846    | Assistant Secretary         | 93 River Road<br>East Haddam, CT 06423                 |
| Christine A. Zweigle<br>082-56-5709 | Treasurer                   | 1 Olde Pond Lane<br>Farmington, CT 06032               |
| Martin T. Conroy<br>011-30-6480     | Assistant Treasurer         | 49 Timber Trail<br>Manchester, CT 06040                |
| Martin P. Martinelli<br>046-36-8792 | Assistant Treasurer         | 27 Candlewood Drive<br>Tolland, CT 06084               |
| Carl A. Cavaliere<br>044-40-1145    | Assistant Treasurer         | 92 Jones Hollow Road<br>Marlborough, CT 06447-<br>1141 |

**BUSINESS ADDRESS FOR ALL LISTED:**

Systematized Benefits Administrators, Inc.  
c/o Aetna Life & Casualty Company  
151 Farmington Avenue, REAB  
Hartford, CT 06156  
(203) 273-3204

