

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 829347 (4)
1. Corporation Name
SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.



Principal Place of Business 151 FARMINGTON AVE., REAR TS31 HARTFORD CT 06156 US	Mailing Address 151 FARMINGTON AVE., REAR TS31 HARTFORD CT 06156-0001 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1973	3a. Date of Last Report 01/24/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 06-0889923	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	24	29 Zip	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	25	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREWRY, JUNE E	1.2 NAME	
STREET ADDRESS	20 WINTERSET LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SIMSBURY CT 06070	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, FRED J	2.2 NAME	
STREET ADDRESS	85 INTERVALE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI 02908	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOULE, SUSAN S	3.2 NAME	
STREET ADDRESS	26 WILDEMERE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WATERBURY CT 06705	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSEN, MARILYN A	4.2 NAME	
STREET ADDRESS	50 HOLYOKE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER CT 06040	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINLEY, CYNTHIA T	5.2 NAME	
STREET ADDRESS	40 MICHELE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND CT 06480	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINELLI, MARTIN P	6.2 NAME	
STREET ADDRESS	27 CANDLEWOOD DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOLLAND CT 06084	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE:  Asst. Treasurer 1/15/98 860-2736500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.

OFFICERS:

MARY LOU MAREK 365-54-5049	PRESIDENT	126 MOUNTAINVIEW RD. GLASTONBURY, CT..06033
SUSAN S. HOULE 052-70-6988	VICE PRESIDENT- COMPLIANCE OFFICER	26 WILDEMERE AVE. WATERBURY, CT. 06705
MARILYN A. JACOBSEN 044-52-6819	VICE PRESIDENT- STRATEGY	50 HOLYOKE RD. MANCHESTER, CT 06040
CYNTHIA T. MCNICKLE 224-98-2441	VICE PRESIDENT- ACCOUNTING	40 MICHELE DR. PORTLAND, CT. 06480
PATRICK P. MACKEN 042-62-1114	VICE PRESIDENT - MARKETING	56 FOREST DR. WETHERSFIELD, CT 06109
LINDA J. MARR	VICE PRESIDENT - STRATEGY	657 S. WESTFIELD ST. FEEDING HILLS, MA 01030
KRISTINE N. URBANIK 044-46-3117	VICE PRESIDENT - ADMINISTRATION	44 SACHEM DR. GLASTONBURY, CT 06033
THOMAS M. BOUNTY 045-52-5529	SECRETARY CHIEF LEGAL OFFICER	18 HOWEY RD. ASHFORD, CT. 06278
DEANN S. ANASTASIO 169-60-9847	ASSISTANT SECRETARY	33 ROXBURY ST. HARTFORD, CT 06114
FRANK A. SCALISE 047-66-1442	TREASURER	45 SUMMER LANE ROCKY HILL, CT 06067
MARTIN T. CONROY 011-30-6480	ASSISTANT TREASURER	49 TIMBER TRAIL MANCHESTER, CT. 06040