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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90131 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 829347
 1. Corporation Name
 SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.



Principal Place of Business Mailing Address
 151 FARMINGTON AVE., REAR T531 HARTFORD CT 06156 US
 151 FARMINGTON AVE., REAR T531 HARTFORD CT 06156 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 T531 27 T531
 City & State City & State
 23
 Zip Country Zip Country
 24 06156-2000 25 29 06156-2000 30

3. Date Incorporated or Qualified
 01/23/1973
 4. FEI Number Applied For
 06-0889923 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 owes the current year Intangible Personal Property Tax. 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 FL 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES C LEHAN	1.2 NAME	Gerald O'Brien
STREET ADDRESS	15 FREDRICKSON RD	1.3 STREET ADDRESS	83 Brookmoor Rd
CITY-ST-ZIP	NORFOLK MA 02056	1.4 CITY-ST-ZIP	Avon, CT 06001
TITLE	CC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERICK D KELSVEN	2.2 NAME	Martin T. Conroy
STREET ADDRESS	5 TYLER COURT	2.3 STREET ADDRESS	49 Timber Trail
CITY-ST-ZIP	AVON CT 06001	2.4 CITY-ST-ZIP	Marchester, CT 06040
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Tax Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA J MARR	3.2 NAME	Joseph J. Smy
STREET ADDRESS	657 S WESTFIELD ST	3.3 STREET ADDRESS	854 Woodtick Rd.
CITY-ST-ZIP	FEEDING HILLS MA 01030	3.4 CITY-ST-ZIP	Wolcott, CT 06716
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URBANIK, KRISTINE N	4.2 NAME	
STREET ADDRESS	44 SACHEM DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLASTONBURY CT 06033	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRINN, JUDEEN T	5.2 NAME	
STREET ADDRESS	97 MINER ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN CT 06457	5.4 CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEN, FRANCES P	6.2 NAME	
STREET ADDRESS	34 HIGH HILL RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD CT 06002	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE SIGNATURE REQUIRED 1/6/99 860-273-6500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

235802-90131-36
829347

SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.

FEDERAL I.D. 06-0889923

OFFICERS:

GERALD F. O'BRIEN 047-30-5898	PRESIDENT	83 BROOKMOOR RD. AVON, CT 06001
THERESE SQUILLACOTE 046-36-8846	CHIEF COMPLIANCE OFFICER	110 PENDELTON RD. NEW BRITAIN, CT 06053
KRISTINE N. URBANIK 044-46-3117	VICE PRESIDENT - ADMINISTRATION	44 SACHEM DR. GLASTONBURY, CT 06033
JUDEEN T. WRINN 044-62-3817	VICE PRESIDENT- ADMINISTRATION	97 MINER ST. MIDDLETOWN, CT 06457
BRIAN K. HAENDIGES 026-54-2787	VICE PRESIDENT - MARKETING	48 ANDREWS DR. NORTH CANTON, CT 06059
FRANCES P. STEEN 380-70-2142	SECRETARY CHIEF LEGAL OFFICER	34 HIGH HILL RD. BLOOMFIELD, CT 06002
ROSE-MARIE DERENSIS 045-46-4187	ASSISTANT SECRETARY	133 S. HIGHLAND ST. WEST HARTFORD, CT 06119
KAREN A. PEDDLE 041-54-9397	ASSISTANT SECRETARY	44 CIMARRON RD. MIDDLETOWN, CT 06457
MARTIN T. CONROY 011-30-6480	TREASURER	49 TIMBER TRAIL MANCHESTER, CT. 06040
* JOSEPH J. ELMY 040-56-4830	TAX DIRECTOR	854 WOODTICK RD. WOLCOTT, CT 06716

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SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.

FEDERAL I.D. 06-0889923

DIRECTORS:

GERALD F. O'BRIEN
047-30-5898

83 BROOKMOOR RD.
AVON, CT. 06001

GORDON L. MALTEMPO
042-38-9689

100 MILLSTONE RD.
GLASTONBURY, CT 06033

MARTIN T. CONROY
011-30-6480

49 TIMBER TRAIL
MANCHESTER, CT. 06040

* **OFFICER FOR THE PURPOSE OF AND WITH DELEGATED
AUTHORITY TO SIGN ALL STATUTORY\REGULATORY FILINGS**

BUSINESS ADDRESS FOR ALL LISTED:

SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.
151 FARMINGTON AVENUE, TS31
HARTFORD, CT. 06156-2000