2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829347

FILED Apr 26, 2010 Secretary of State

Entity Name: SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.

Current Principal Place of Business: New Principal Place of Business:

ONE ORANGE WAY

WINDSOR, CT 06095 US

Current Mailing Address: New Mailing Address:

20 WASHINGTON AVE S ROUTE 1226 MINNEAPOLIS, MN 55401

FEI Number: 06-0889923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 U

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D

 Name:
 BARHORST, RONALD

 Address:
 ONE ORANGE WAY

 City-St-Zip:
 WINDSOR, CT 06095 US

Title: SVP

Name: COMBS, BOYD G

Address: 5780 POWERS FERRY RD. NW

City-St-Zip: ATLANTA, GA 30327

Title: VP/T

Name: PENDERGRASS, DAVID Address: 5780 POWERS FERRY ROAD

City-St-Zip: ATLANTA, GA 30327

Title:

 Name:
 BENNER, JOY M

 Address:
 20 WASHINGTON AVE S

 City-St-Zip:
 MINNEAPOLIS, MN 55401

Title: VP/D

Name: LINNEY, DAVID J

Address: 2900 N. LOOP W., STE 180 City-St-Zip: HOUSTON, TX 77092

Title: AS

 Name:
 O'DONNELL, MELISSA

 Address:
 20 WASHINGTON AVE. SOUTH

 City-St-Zip:
 MINNEAPOLIS, MN 55401

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: MELISSA O'DONNELL AS 04/26/2010