2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# F01000003286

Entity Name: HCC BENEFITS CORPORATION

Current Principal Place of Business:

225 TOWNPARK DRIVE
SUITE 200
KENNESAW, GA 301440460

New Principal Place of Business:

225 TOWNPARK DRIVE
SUITE 200
KENNESAW, GA 30144

Current Mailing Address:

13403 NORTHWEST FREEWAY
ATTN: LEGAL DEPT.
HOUSTON, TX 77040

New Mailing Address:

FEI Number: 76-0572393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:	PD	( ) Delete
Name:	KELBEL, CRAIG J	
Address:	225 TOWN PARK DRIVE, SUITE 200	
City-St-Zip:	KENNESAW, GA 301440460	
Title:	VD	( ) Delete
Name:	ELLIS, EDWARD H JR.	
Address:	13403 NORTHWEST FRWY	
City-St-Zip:	HOUSTON, TX 77040	
Title:	S	( ) Delete
Name:	SIMMONS, JAMES L	
Address:	13403 NORTHWEST FREEWAY	
City-St-Zip:	HOUSTON, TX 77040	
Title:	DV	( ) Delete
Name:	MOLBECK, JOHN N JR.	
Address:	13403 NORTHWEST FREEWAY	
City-St-Zip:	HOUSTON, TX 77040	
Title:	TV	( ) Delete
Name:	SANDERFORD, MARK R	
Address:	225 TOWN PARK DRIVE, SUITE 200	
City-St-Zip:	KENNESAW, GA 301440460	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES L SIMMONS S 01/22/2008

Electronic Signature of Signing Officer or Director — Date