2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004991

Entity Name: BOON-CHAPMAN BENEFIT ADMINISTRATORS, INC.

FILED Mar 27, 2012 Secretary of State

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

 12301 RESEARCH BLVD.
 9401 AMBERGLEN BLVD,

 BLDG. 4,STE 400
 BLDG I, STE 100

 AUSTIN, TX 78759
 AUSTIN, TX 78729

Current Mailing Address: New Mailing Address:

PO BOX 9201 AUSTIN, TX 78766

FEI Number: 74-2305238 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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD #250 PLANTATION, FL 33324 US

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

OFFICERS AND DIRECTORS:

Title: PSD

Name: CHAPMAN, KEVIN S

Address: 9401 AMBERGLEN BLVD. BLDG I STE100

City-St-Zip: AUSTIN, TX 78729

Title: V

Name: CHAPMAN, BETTY S

Address: 9401 AMBERGLEN BLVD. BLDG I STE100

City-St-Zip: AUSTIN, TX 78729

Title: V/D

Name: CHAPMAN, T.J.

Address: 9401 AMBERGLEN BLVD. BLDG I STE100

City-St-Zip: AUSTIN, TX 78729

Title: T/D

Name: LINDAUER, ROBERT A

Address: 9401 AMBERGLEN BLVD. BLDG I STE100

City-St-Zip: AUSTIN, TX 78729

Title: \

Name: LEFTWICH, NYLE J

Address: 9401 AMBERGLEN BLVD. BLDG I STE100

City-St-Zip: AUSTIN, TX 78729

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: ROBERT A. LINDAUER T 03/27/2012