

Florida Department of State
Division of Corporations
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Division of Corporations
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**FOREIGN PROFIT/NONPROFIT CORPORATION
AMERICAN BENEFIT PLAN ADMINISTRATORS, INC.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG 30 AM 11:05

APPROVED
AND
FILED

DIVISION OF CORPORATIONS

10 AUG 30 PM 4:29

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. American Benefit Plan Administrators, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California

(State or country under the law of which it is incorporated)

3. 95-1702986

(PEI number, if applicable)

4. 8/4/67

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

- 6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1325 N. Grand Ave. Covina, CA 91724

(Principal office address)

Attn: Legal Dept. 3501 Frontage Rd. Tampa, FL 33607

(Current mailing address)

8. Third Party Administrator

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: 

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Ned H. VillersAddress: 333 W. Wacker Dr., Ste. 1620 Chicago, IL 60606Vice Chairman: Steven D. CoslerAddress: 333 W. Wacker Dr., Ste. 1620 Chicago, IL 60606Director: Jeffery W. BakAddress: 3501 Frontage Rd. Tampa, FL 33607

Director: _____

Address: _____

B. OFFICERS

President: Jeffery W. BakAddress: 3501 Frontage Rd. Tampa, FL 33607Vice President: Gregory C. Fisher

Address: _____

Secretary: Jeffery W. BakAddress: 3501 Frontage Rd. Tampa, FL 33607Treasurer: Arthur T. SchultzAddress: 3501 Frontage Rd. Tampa, FL 33607

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____

(Signature of Director or Officer listed in number 12 of the application)

14. Jeffery W. Bak President

(Typed or printed name and capacity of person signing application)

**AMERICAN BENEFIT PLAN
ADMINISTRATORS, INC.**

ABPA OFFICERS/DIRECTORS

NAME	TITLE	BUSINESS ADDRESS
Jeffery W. Bak	Director, CEO, President & Secretary	3501 Frontage Rd. Tampa, FL 33607
Arthur T. Schultz	Vice President & Treasurer	3501 Frontage Rd. Tampa, FL 33607
Gregory C. Fisher	Sr. Vice President & Controller	3501 Frontage Rd. Tampa, FL 33607
Michael R. Whitten	CFO	3501 Frontage Rd. Tampa, FL 33607
Steven D. Cosler	Director	333 W. Wacker Dr. Suite 1620 Chicago, IL 60606
Ned H. Villers	Director	333 W. Wacker Dr. Suite 1620 Chicago, IL 60606

APPROVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

AMERICAN BENEFIT PLAN ADMINISTRATORS, INC.

FILE NUMBER: C0530953
FORMATION DATE: 08/04/1967
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of August 27, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State