

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00470 (5)**

1. Corporation Name
STRUCTURED BENEFITS, INC.



Principal Place of Business: **151 FARMINGTON AVE., REAB HARTFORD CT 06156**
Mailing Address: **151 FARMINGTON AVE., REAB HARTFORD CT 06156**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/30/1983	3a. Date of Last Report 08/22/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 06-1070896	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	<table border="1"> <tr><td>B1</td><td>Name</td></tr> <tr><td>B2</td><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>B3</td><td></td></tr> <tr><td>B4</td><td>City</td></tr> <tr><td>B5</td><td>Zip Code</td></tr> </table>	B1	Name	B2	Street Address (P.O. Box Number is Not Acceptable)	B3		B4	City	B5	Zip Code
B1	Name										
B2	Street Address (P.O. Box Number is Not Acceptable)										
B3											
B4	City										
B5	Zip Code										

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMIRE, ARTHUR W	1.2 NAME	
STREET ADDRESS	3293 HYDE PARK DR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER, FL	1.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESAPARE, PHILOPO	2.2 NAME	
STREET ADDRESS	22 BUTTERNUT LANE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	WEATOGUE CT	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIP C. PRESAPARE	3.2 NAME	
STREET ADDRESS	22 BUTTERNUT LANE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SIMSBURY CT	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR W. LEMIRE	4.2 NAME	
STREET ADDRESS	3293 HYDE PARK DR	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GAIL P	5.2 NAME	
STREET ADDRESS	275 OXFORD ST.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	HARTFORD CT 06105	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWEIGLE, CHRISTINE	6.2 NAME	
STREET ADDRESS	1 OLDE POND LN	6.3 STREET ADDRESS	
CITY-STATE-ZIP	FARMINGTON CT	6.4 CITY-STATE-ZIP	

See Attachment

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Arthur W Lemire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

STRUCTURED BENEFITS, INC.

OFFICERS:

GAIL P. JOHNSON 071-42-7069	PRESIDENT DIRECTOR	275 OXFORD STREET HARTFORD, CT. 06106
PHILIP C. PRESPARE 091-34-5136	SR. VICE PRESIDENT DIRECTOR	22 BUTTERNUT LANE WEATOGUE, CT.
ARTHUR W. LEMIRE 028-36-7984	CHIEF OPERATING OFFICER SECRETARY, TREASURER DIRECTOR OF HUMAN RESOURCES AND CONTROLLER DIRECTOR	2878 ENIS GROVE DR. PALM HARBOR, FLORIDA
PAUL MARSHALL 115-80-5031	STRUCTURED SETTLEMENT SPECIALIST	46 EDWARDS ROAD AVON, CT. 06001
DENNIS L. MURNICK 347-36-7812	STRUCTURED SETTLEMENT SPECIALIST	1031 PRAIRIE AVENUE DEERFIELD, ILL. 60015
JAMES A. ORCUTT 411-96-5031	STRUCTURED SETTLEMENT SPECIALIST	3855 CARRIAGE GATE DR. DELUTH, GEORGIA 30136
DIANE W. PERKINS 532-54-2899	STRUCTURED SETTLEMENT SPECIALIST	1712 CRAIG DRIVE PLANO, TEXAS 75023

DIRECTORS:

STEPHENS S. MCALINDIN 145-48-0177		22 OLD MILL DRIVE COLLINSVILLE, CT. 06011
SCOTT STRIEGEL 267-82-9184		4 ESSEX COURT FARMINGTON, CT 06032
ELLEN RINALDI 041-48-4514		34 HAWTHORNE MEAD DR. GLASTONBURY, CT 06033
EDWARD MOLLOY 013-40-8010		450 CEDARRIDGE ROAD GLASTONBURY, CT 06033
CHRISTINE ZWEIGLE 041-62-6278		1 OLDE POND LANE FARMINGTON, CT
MARTHA C. PAGE 231-80-6849		245 KENYON STREET HARTFORD, CT. 06106

BUSINESS ADDRESS FOR ALL LISTED:

STRUCTURED BENEFITS, INC.
151 FARMINGTON AVENUE, SIX
HARTFORD, CONNECTICUT 06156