

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829347

Entity Name: SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.

Current Principal Place of Business:

ONE ORANGE WAY
WINDSOR, CT 06095

Current Mailing Address:

ONE ORANGE WAY
WINDSOR, CT 06095 US

FEI Number: 06-0889923

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

Officer/Director Detail :

Title DIRECTOR, VP
Name KELSEY, DAVID
Address ONE ORANGE WAY
City-State-Zip: WINDSOR CT 06095

Title TREASURER, VP
Name PENDERGRASS, DAVID
Address 5780 POWERS FERRY ROAD NW
City-State-Zip: ATLANTA GA 30327

Title SECRETARY
Name HUDDLESTON, MEGAN
Address ONE ORANGE WAY
City-State-Zip: WINDSOR CT 06095

Title DIRECTOR, VP
Name LINNEY, DAVID J
Address 2900 NORTH LOOP WEST
City-State-Zip: HOUSTON TX 77092

Title ASST. SECRETARY
Name NELSON, TINA
Address 20 WASHINGTON AVENUE SOUTH
City-State-Zip: MINNEAPOLIS MN 55401

Title ASST. SECRETARY
Name O'DONNELL, MELISSA
Address 20 WASHINGTON AVENUE SOUTH
City-State-Zip: MINNEAPOLIS MN 55401

Title ASST. SECRETARY
Name OGDEN, JENNIFER
Address 20 WASHINGTON AVENUE SOUTH
City-State-Zip: MINNEAPOLIS MN 55401

Title ASST. SECRETARY
Name GIANOPOULOS, C. NIKOL
Address 20 WASHINGTON AVENUE SOUTH
City-State-Zip: MINNEAPOLIS MN 55401

Continues on page 2

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: TINA NELSON

ASSISTANT SECRETARY 04/01/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name LATTERY, ANGELIA
Address 20 WASHINGTON AVENUE SOUTH
City-State-Zip: MINNEAPOLIS MN 55401

Title CFO
Name HULTGREN, KRISTIN
Address ONE ORANGE WAY
City-State-Zip: WINDSOR CT 06095

Title SENIOR VICE PRESIDENT
Name COMBS, BOYD
Address 5780 POWERS FERRY ROAD NW
City-State-Zip: ATLANTA GA 30327

Title TAX OFFICER
Name ELMY, JOSEPH
Address 5780 POWERS FERRY ROAD NW
City-State-Zip: ATLANTA GA 30327

Title VP
Name LITOW, FREDERICK
Address 5780 POWERS FERRY ROAD NW
City-State-Zip: ATLANTA GA 30327

Title VP, ASST. TREASURER
Name SHELL, SPENCER
Address 5780 POWERS FERRY ROAD NW
City-State-Zip: ATLANTA GA 30327

Title ASST. SECRETARY
Name WEISS, DAVID
Address ONE ORANGE WAY
City-State-Zip: WINDSOR CT 06095

Title PRESIDENT, DIRECTOR
Name KENNEDY, PATRICK
Address ONE ORANGE WAY
City-State-Zip: WINDSOR CT 06095

Title TAX OFFICER
Name EIDEX, BARRY
Address 5780 POWERS FERRY ROAD NW
City-State-Zip: ATLANTA GA 30327

Title VP
Name GILARDE, LISA
Address ONE ORANGE WAY
City-State-Zip: WINDSOR CT 06095

Title VP
Name SHEIOWITZ, MICHELLE
Address ONE ORANGE WAY
City-State-Zip: WINDSOR CT 06095

Title CHIEF COMPLIANCE OFFICER
Name GORDON, REGINA
Address ONE ORANGE WAY
City-State-Zip: WINDSOR CT 06095