| No. <b>C 162788</b>  |                                       | Due no later than Oct 31, 2011   |                     | 2. Registered Agent and Address (NO PO BOX)  |             |                      |  |
|--|---------------------------------------|--|---------------------|--|-------------|----------------------|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | BENEFIT PL<br>SYLVIA A (<br>20240 HAG | Annual Report Form  1. Mailing Address: Correct in this box if needed.  BENEFIT PLANS OF AMERICA, INC. SYLVIA A GORDON 20240 HAGUE ROAD NOBLESVILLE IN 46062 |                     | BLAIR SIMMONS 3758 N YELLOWSTONE HWY IDAHO FALLS ID 83401  3. New Registered Agent Signature:* |             |                      |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                                       |  |                     |  |             |                      |  |
| 4. Corporations: Enter Names and Office Held Name  | Business Addresses                    | of President, Secretary, and Directors. Treas<br>Street or PO Address  |                     | Ctata  | Country     | Doctal Code          |  |
|  | A GORDON                              | 20240 HAGUE ROAD   | City<br>NOBLESVILLE | State<br>IN  | Country USA | Postal Code<br>46062 |  |
| 5. Organized Under the Laws of:  |                                       | ort must be signed.*   |                     |  |             |                      |  |
|  | IN Signature: Sylvia Gordon           |  | Date: 09/07/2011    |  |             |                      |  |
| C 162788   |                                       | Name (type or print): Sylvia Gordon  |                     | Title: President   |             |                      |  |
| Processed 09/07/2011   | * Electronically                      | * Electronically provided signatures are accepted as original signatures.  |                     |  |             |                      |  |