

No. C 45874	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SYSTEMATIZED BENEFITS ADMINI TAX DEPARTMENT 151 FARMINGTON AVE., YF 7J HARTFORD CT 06156		C T CORPORATION SYSTEM 300 NORTH 6TH STREET BOISE ID 83701 3. Organized Under the Laws of: CT C 46874													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td colspan="6" style="text-align: center; height: 150px; vertical-align: middle;"> <i>See attached</i> </td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<i>See attached</i>					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
<i>See attached</i>																
5. NATURE OF BUSINESS INSURANCE BENEFITS ADMINISTRATION		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Mark A. Seaborn</i></u> Date <u>8/15/96</u> Name <small>(Typed or Printed)</small> _____ Title <u><i>Asst. Treasurer</i></u>														

ISSUED: 07-06-1996

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SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.

OFFICERS:

MARY LOU MAREK
[REDACTED]

PRESIDENT

**126 MOUNTAINVIEW RD.
GLASTONBURY, CT..06033**

SUSAN S. HOULE
[REDACTED]

**VICE PRESIDENT-
COMPLIANCE OFFICER**

**26 WILDEMERE AVE.
WATERBURY, CT. 06705**

MARILYN A. JACOBSEN
[REDACTED]

**VICE PRESIDENT-
OPERATIONS**

**50 HOLYOKE RD.
MANCHESTER, CT 06040**

CYNTHIA T. MCNICKLE
[REDACTED]

**VICE PRESIDENT-
ACCOUNTING**

**40 MICHELE DR.
PORTLAND, CT. 06480**

THOMAS M. BOUNTY
[REDACTED]

SECRETARY

**18 HOWEY RD.
ASHFORD, CT. 06278**

MAUREEN M. GILLIS
[REDACTED]

ASSISTANT SECRETARY

**93 RIVER RD.
EAST HADDAM, CT. 06423**

FRANK A. SCALISE

TREASURER

MARTIN T. CONROY
[REDACTED]

ASSISTANT TREASURER

**49 TIMBER TRAIL
MANCHESTER, CT. 06040**

MARTIN P. MARTINELLI
[REDACTED]

ASSISTANT TREASURER

**27 CANDELWOOD DR.
TOLLAND, CT. 06084**

CARL A. CAVALIERE
[REDACTED]

ASSISTANT TREASURER

**92 JONES HOLLOW RD.
MARLBOROUGH, CT. 06447**

DIRECTORS:

IDA COLON
[REDACTED]

**19 GREENE PLACE
SPRINGFIELD, MA 01109**

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SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.

DIRECTORS: (Continued)

GAIL P. JOHNSON
[REDACTED]

**275 OXFORD ST.
HARTFORD, CT. 06105 .**

JAMES C. LEHAN
[REDACTED]

**15 FREDRICKSON RD.
NORFOLK, MA 02056**

GERALD F. O'BRIEN
[REDACTED]

**83 BROOKMOOR RD.
AVON, CT. 06001**

SCOTT A. STRIEGEL
[REDACTED]

**4 ESSEX CT.
FARMINGTON, CT. 06032**

BUSINESS ADDRESS FOR ALL LISTED:

**SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.
151 FARMINGTON AVENUE, REAB
HARTFORD, CT. 06156**