

1.) CORPORATION NAME: GROUP BENEFIT SERVICES, INC.	DUE DATE: 12/31/2013				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: REGISTERED AGENT SOLUTIONS, INC. 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA	SCC ID NO: F0552663				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: MD					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6 NORTH PARK DRIVE
SUITE 310

CITY/ST/ZIP: HUNT VALLEY, MD 21030

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM F. SIMMONS		
TITLE: PRESIDENT		
ADDRESS: 1204 SCOTTS KNOLL COURT		
CITY/ST/ZIP/CO: LUTHERVILLE, MD 21093		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KATHY F. SIMMONS		
TITLE: EXEC. VP		
ADDRESS: 1204 SCOTTS KNOLL COURT		
CITY/ST/ZIP/CO: LUTHERVILLE, MD 21093		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KATHY F. SIMMONS	KATHY F. SIMMONS, EXEC. VP	12/18/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.