

1.) CORPORATION NAME:

MedBen Marketing Services, Inc.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1386764**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300
PREFER	450

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1975 TAMARACK RD
PO BOX 1009

CITY/ST/ZIP: NEWARK, OH 43058-1009

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.

NAME:	KURT J HARDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1975 TAMARACK RD		
CITY/ST/ZIP/CO:	PO BOX 1009 NEWARK, OH 43058-1009		

NAME:	CARA K. DELCHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1975 TAMARACK RD		
CITY/ST/ZIP/CO:	NEWARK, OH 43055		

NAME:	CAROLINE F.R. FRAKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1975 TAMARACK RD		
CITY/ST/ZIP/CO:	NEWARK, OH 43055		

NAME:	LORI S. KANE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1975 TAMARACK RD		
CITY/ST/ZIP/CO:	NEWARK, OH 43055		

NAME:	ROSE G. MCENTIRE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1975 TAMARACK RD		
CITY/ST/ZIP/CO:	NEWARK, OH 43055		

NAME:	JOHN E. NYDEGGER, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1975 TAMARACK RD		
CITY/ST/ZIP/CO:	NEWARK, OH 43055		

NAME:	DOUGLAS J FREEMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO & CHAIRMAN		
ADDRESS:	1975 TAMARACK RD		
	PO BOX 1009		
CITY/ST/ZIP/CO:	NEWARK, OH 43058-1009		

NAME:	C ARTHUR MORROW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10 W LOCUST ST		
	POB 1009		
CITY/ST/ZIP/CO:	NEWARK, OH 43058-1009		

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/ KURT J HARDEN	KURT J HARDEN, PRESIDENT	3/25/2015
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.