

1.) CORPORATION NAME: KEY BENEFIT ADMINISTRATORS, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: REGISTERED AGENT SOLUTIONS, INC. 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA	DUE DATE: 7/31/2016 SCC ID NO: F1476896 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>COMM</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMM	1,000
CLASS	AUTHORIZED				
COMM	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: IN					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8330 ALLISON POINTE TR CITY/ST/ZIP: INDIANAPOLIS, IN 46250	
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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: LARRY R DUST TITLE: P/CEO ADDRESS: 8330 ALLISON POINTE TRAIL CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46250	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: BRADLEY P RAY TITLE: TREASURER ADDRESS: 8330 ALLISON POINTE TR CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46250	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: WALLACE T GRAY TITLE: SECRETARY ADDRESS: 8330 ALLISON POINTE TR CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46250	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	

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/ WALLACE T GRAY	WALLACE T GRAY, SECRETARY	6/7/2016
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.