

1.) CORPORATION NAME: <b>AlwaysCare Benefits, Inc.</b>	DUE DATE: <b>4/30/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>RALS VA, LLC          7288 HANOVER GREEN DRIVE          MECHANICSVILLE, VA 23111</b>	SCC ID NO: <b>F1504895</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>	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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
4.) STATE OR COUNTRY OF INCORPORATION: <b>LA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 8485 GOODWOOD BLVD  CITY/ST/ZIP: BATON ROUGE, LA 70806	
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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: ERICH STERNBERG TITLE: PRESIDENT ADDRESS: 8485 GOODWOOD BLVD CITY/ST/ZIP/CO: BATON ROUGE, LA 70806	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JEFFREY G WILD TITLE: S/T ADDRESS: 8485 GOODWOOD BLVD CITY/ST/ZIP/CO: BATON ROUGE, LA 70806	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: HANS J STERNBERG TITLE: DIRECTOR ADDRESS: 8485 GOODWOOD BLVD CITY/ST/ZIP/CO: BATON ROUGE, LA 70806	<input type="checkbox"/>	OFFICER	<input checked="" 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/ ERICH STERNBERG	ERICH STERNBERG, PRESIDENT	4/26/2012
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.