

1.) CORPORATION NAME: TurnKey Benefit Insurance Services, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: REGISTERED AGENT SOLUTIONS, INC. 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA 23111 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: IN	DUE DATE: 12/31/2012 SCC ID NO: F1571639 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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8330 ALLISON POINTE TRAIL CITY/ST/ZIP: INDIANPOLIS, IN 46250

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: BRADLEY RAY TITLE: TREAS/PRES ADDRESS: 8330 ALLISON POINTE TRAIL CITY/ST/ZIP/CO: INDIANPOLIS, IN 46250	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: WALLACE GRAY TITLE: SECRETARY ADDRESS: 8330 ALLISON POINTE TRAIL CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46250	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: LARRY DUST TITLE: DIRECTOR ADDRESS: 8330 ALLISON POINTE TRAIL CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46250	<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/ WALLACE GRAY	WALLACE GRAY, SECRETARY	10/22/2012
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.