

<p>1.) CORPORATION NAME: <b>American Benefit Ltd Insurance Services (USED INVA BY: American Benefit, Ltd.)</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>BUSINESS FILINGS INCORPORATED 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>WI</b></p>	<p>DUE DATE: <b>6/30/2012</b></p> <p>SCC ID NO: <b>F1591165</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>2,500</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	2,500
CLASS	AUTHORIZED				
COMMON	2,500				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4415 MORMON COULEE RD

CITY/ST/ZIP: LA CROSSE, WI 54601

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.

<p>NAME: SHIRLEY M JACOBSON</p> <p>TITLE: PRESIDENT</p> <p>ADDRESS: 4415 MORMON COULEE RD</p> <p>CITY/ST/ZIP/CO: LA CROSSE, WI 54601</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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<p>NAME: CARL VELDHIJZEN</p> <p>TITLE: VICE PRESIDENT</p> <p>ADDRESS: 4415 MORMON COULEE ROAD</p> <p>CITY/ST/ZIP/CO: LA CROSSE, WI 54601</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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/ SHIRLEY M JACOBSON	SHIRLEY M JACOBSON,	5/30/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.