

1.) CORPORATION NAME: <b>American Benefit Ltd Insurance Services (USED INVA BY:          American Benefit, Ltd.)</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>BUSINESS FILINGS INCORPORATED          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b>	DUE DATE: <b>6/30/2015</b>  SCC ID NO: <b>F1591165</b>  5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>2,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,500
CLASS	AUTHORIZED				
COMMON	2,500				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>WI</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 4415 MORMON COULEE RD  CITY/ST/ZIP: LA CROSSE, WI 54601	
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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: SHIRLEY M JACOBSON TITLE: PRESIDENT ADDRESS: 4415 MORMON COULEE RD CITY/ST/ZIP/CO: LA CROSSE, WI 54601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: CARL VELDHUIZEN TITLE: VICE PRESIDENT ADDRESS: 4415 MORMON COULEE ROAD CITY/ST/ZIP/CO: LA CROSSE, WI 54601	<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, PRESIDENT	6/10/2015
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.