

<b>SCC eFile</b>	<b>2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	216508723				
1.) CORPORATION NAME: <b>Fringe Insurance Benefits, Inc.</b>		DUE DATE: <b>3/31/2016</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JOHN V ROBINSON 7102 THREE CHOPT RD RICHMOND, VA</b>		SCC ID NO: <b>F1621467</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>TX</b>		<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>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED					
COMMON	10,000					
6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 11910 ANDERSON MILL RD CITY/ST/ZIP: AUSTIN, TX 78726-1135						
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: TRAVIS I WEST	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: P/CEO/DIR						
ADDRESS: 11910 VOLENTE ROAD						
CITY/ST/ZIP/CO: AUSTIN, TX 78726						
NAME: TERE L MCCANN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
TITLE: SEC/TREAS						
ADDRESS: 11910 VOLENTE RD						
CITY/ST/ZIP/CO: AUSTIN, TX 78726						
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/ TRAVIS I WEST	TRAVIS I WEST, P/CEO/DIR	3/7/2016				
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.						