

1.) CORPORATION NAME:

Optimal Benefit Services, Inc.

DUE DATE: **9/30/2011**

SCC ID NO: **F1643024**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 FIELD DRIVE

CITY/ST/ZIP: LAKE FOREST, IL 60045-2581

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: DAVID M MCDONOUGH
TITLE: P/CEO/CHAIRMAN
ADDRESS: 400 FIELD DRIVE
CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581

OFFICER

DIRECTOR

NAME: JOSEPH L PRAY
TITLE: DIRECTOR
ADDRESS: 400 FIELD DRIVE
CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581

OFFICER

DIRECTOR

NAME: PHILIP GOSS
TITLE: CFO
ADDRESS: 400 FIELD DRIVE
CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581

OFFICER

DIRECTOR

NAME: PAUL T SCHUSTER
TITLE: TREASURER
ADDRESS: 400 FIELD DRIVE
CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581

OFFICER

DIRECTOR

NAME: DINNIS L SCHOFF
TITLE: SECRETARY
ADDRESS: 400 FIELD DRIVE
CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581

OFFICER

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/ DAVID M MCDONOUGH
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

DAVID M MCDONOUGH,
P/CEO/CHAIRMAN
PRINTED NAME AND CORPORATE
TITLE

9/10/2011
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.