

1.) CORPORATION NAME:

Seitlin Benefits Corporation

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1796988**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6700 N ANDREWS AVENUE SUITE 300

CITY/ST/ZIP: FT LAUDERDALE, FL 33309

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CAROLYN S DAVIS	
TITLE:	PRES EMERITUS	
ADDRESS:	6700 N ANDREWS AVENUE SUITE 300	
CITY/ST/ZIP/CO:	FT LAUDERDALE, FL 33309	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TOM CORNISH	
TITLE:	PRESIDENT	
ADDRESS:	6700 N ANDREWS AVENUE SUITE 300	
CITY/ST/ZIP/CO:	FT. FAUDERDALE, FL 33309	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NORMA BORREGO	
TITLE:	SR VP	
ADDRESS:	6700 N ANDREWS AVENUE SUITE 300	
CITY/ST/ZIP/CO:	FT. FAUDERDALE, VA 33309	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARIO CAREAGA	
TITLE:	SR VP	
ADDRESS:	6700 N ANDREWS AVENUE SUITE 300	
CITY/ST/ZIP/CO:	FT. FAUDERDALE, FL 33309	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RAMONA FIUMARA	
TITLE:	VICE PRESIDENT	
ADDRESS:	6700 N ANDREWS AVENUE SUITE 300	
CITY/ST/ZIP/CO:	FT. FAUDERDALE, FL 33309	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM GROSSMAN VICE PRESIDENT 6700 N ANDREWS AVENUE SUITE 300 FT. FAUDERDALE, FL 33309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN WHITE VICE PRESIDENT 6700 N ANDREWS AVENUE SUITE 300 FT. FAUDERDALE, FL 33309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK STEPHEN JACKMAN COB 6700 N ANDREWS AVENUE SUITE 300 FT. FAUDERDALE, FL 33309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHANNON ALFONSO EXEC VP 6700 N ANDREWS AVENUE SUITE 300 FT. FAUDERDALE, FL 33309	<input checked="" type="checkbox"/> OFFICER	<input 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/ TOM CORNISH	TOM CORNISH, PRESIDENT	6/6/2012	
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.			