

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212531029

1.) CORPORATION NAME:

MBI Benefits, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1801754**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1601 Trapelo Road

CITY/ST/ZIP: Waltham, MA 02451

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: Gary A Norcross TITLE: P/CEO ADDRESS: 601 Riverside Ave. CITY/ST/ZIP/CO: Jacksonville, FL 32204</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Jason L Couturier TITLE: VP/AT ADDRESS: 601 Riverside Ave. CITY/ST/ZIP/CO: Jacksonville, FL 32204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Michael D Hayford TITLE: CORP EXC VP/CFO ADDRESS: 601 Riverside Ave. CITY/ST/ZIP/CO: Jacksonville, FL 32204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Michael L. Gravelle TITLE: CEVP/CORP. SEC. ADDRESS: 601 Riverside Ave. CITY/ST/ZIP/CO: Jacksonville, FL 32204</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Richard Lynn Cox TITLE: SVP/TAX OFFCR ADDRESS: 601 Riverside Ave. CITY/ST/ZIP/CO: Jacksonville, FL 32204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Debra H Burgess TITLE: ASST SECRETARY ADDRESS: 601 Riverside Ave. CITY/ST/ZIP/CO: Jacksonville, FL 32204</p>	<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/ Debra HBurgess	Debra HBurgess,	8/15/2012
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.		