

1.) CORPORATION NAME: BenefitStore, Inc.	DUE DATE: 3/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301 GLEN ALLEN, VA	SCC ID NO: F1852906
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: SC	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 100 BENEFITFOCUS WAY CITY/ST/ZIP: DANIEL ISLAND, SC 29492	
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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: SHAWN JENKINS	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRES/CEO				
ADDRESS: 100 BENEFITFOCUS WAY				
CITY/ST/ZIP/CO: DANIEL ISLAND, SC 29492				

NAME: PARIS CAVIC	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 100 BENEFITFOCUS WAY				
CITY/ST/ZIP/CO: DANIEL ISLAND, SC 29492				

NAME: ANDREW HOWELL	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: SEC/COO				
ADDRESS: 100 BENEFITFOCUS WAY				
CITY/ST/ZIP/CO: DANIEL ISLAND, SC 29492				

NAME: GREG MCLAIN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 100 BENEFITFOCUS WAY				
CITY/ST/ZIP/CO: DANIEL ISLAND, SC 29492				

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/ SHAWN JENKINS	SHAWN JENKINS, PRES/CEO	3/29/2013
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.