



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2008

1. Corporate ID No. 000121761

2. Name of Corporation National Benefit Resources, Inc.

3. Street Address Principal Business Office:

No. and Street: 6300 OLSON MEMORIAL HIGHWAY

City or Town: GOLDEN VALLEY

State: MN Zip: 55427 Country: USA

4. Business Phone No.

763-797-7132

5. State of Incorporation

State: MN

6. Brief Description of the Character of Business Conducted in Rhode Island

MANAGING GENERAL AGENT SERVICES AND GENERAL INSURANCE ADMINISTRATIVE SERVICES FOR INSURANCE CARRIERS AND OTHER ENTITIES

7. Names and Addresses of the Officers and Directors:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PAUL H. GULSTRAND	6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427 USA
TREASURER	ROBERT W. OBERRENDER	9900 BREN ROAD EAST MINNNTONKA, MN 55343 USA
SECRETARY	TIMOTHY F. RYAN	9900 BREN ROAD EAST MINNNTONKA, MN 55343 USA
ASSISTANT SECRETARY	PATRICK S. SCALLEN	6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427 USA
DIRECTOR	DAVID L. SPARKMAN	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
DIRECTOR	PAUL H GULSTRAND	6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427 USA
DIRECTOR	JOHN A. WAY	6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.00	10,000,000.00	1409240

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 23 Day of February, 2008 at 1:49:03 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By PATRICK S. SCALLEN
Signature of Authorized Representative of the Corporation

ASSISTANT SECRETARY
Title

Form No. 630
Revised 09/07

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