

Mattbew A. Brown, Secretary of State Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - M * In accordance with R.I.G.L 7- law (R.I.G.L 7-1.2-1501(c&d)) i	1.2-1501(e), each corp	g Fee: \$50.00* oration failing or refus: fee of \$25.00.	ing to file its annual report	within thirty (30) days afte	er the time prescribed by
1. Corporate ID No. 131961	2. Name of Corporation CBCA Administrators, Inc				
3. Street Address Principal Business Office 250 Civic Center Drive, Ste: 350			City Columbus	State Ohio	<i>Ζψ</i> 43215
000 100 0101		5. State of Incorporation Delaware	elaware		
6. Brief Description of the Character	of Business Conducted in I	Rbode Island			
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	"X" BOX FOR ATT	· ·	SPACES BEFORE USING	ATTACHMENTS
Kenneth DiBella			Vice President Name Rodney napier		
Street Address 250 Civic Center Drive, Ste: 350			Street Address 250 Civic Center Drive, Ste: 350		
City Columbus	State OH	<i>Ζφ</i> 43215	City Columbus	State OH	<i>z</i> ф 43215
Secretary Name Laurel Faciane			Treasurer Name		
Street Address 4150 International Plaza, Ste:550			Street Address		
City Fort Worth	State TX	^{Zip} 76109	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A Director Name Kenneth DiBella			TTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address 250 Civic Drive, Ste: 350			Street Address		
City Columbus	State OH	Zip 43245	City	State	Zip
Columbus JOH 43215 Director Name			Director Name		
Street Address			Street Address		
Сиу	State	Zip	Сиу	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,300	Common	\$1.00	1,300	Common	\$1.00
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This report must be executed this report must be executed	on behalf of the corp	poration by an authorize oration by the receiver	red representative. If the coron trustee.	orporation is in the hands	of a receiver or trustee,
	ter and the second	-	including app acco	mpanying shedules and sta	hat I have examined this report, tements, and that all statements
File Date FILED			contrined herein and true and correct 2/17/09		
Check No. FEB 2 0 2009			Laurel Faciane		
By: By 10177	<i>\(\beta\)</i>		Print or Type Name Secretary		
FOR SECRETARY OF ST	ATE USE ONLY		Title		Form 630 Rev. 12/05