



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(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:** 2011

**1. Corporate ID No.** 000140982

**2. Name of Corporation** Employee Benefits Corporation

**3. Street Address Principal Business Office:**

No. and Street: 1350 DEMING WAY, SUITE 300

City or Town: MIDDLETON

State: WI Zip: 53562-3536 Country: USA

**4. Business Phone No.**

608-831-8445

**5. State of Incorporation**

State: WI

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

THIRD PARTY ADMINISTRATOR FOR SECTION 125, HEALTH REIMBURSEMENT ARRANGEMENTS, AND COBRA ADMINISTRATION SERVICES.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	SHELLY A ALEXANDER	1350 DEMING WAY, SUITE 300 MIDDLETON, WI 53562-3536 USA
TREASURER	MARTI R SMITH	1350 DEMING WAY, SUITE 300 MIDDLETON, WI 53562-3536 USA
SECRETARY	SUSAN J SUPPLE	1350 DEMING WAY, SUITE 300 MIDDLETON, WI 53562-3536 USA
DIRECTOR	JOHN J WICKER	1350 DEMING WAY, SUITE 300 MIDDLETON, WI 53562-3536 USA
DIRECTOR	JOHN F UDELHOFEN	5834 SCHUMANN DRIVE MADISON, WI 53711 USA
DIRECTOR	ROBERT D LENBURG	7306 CEDAR CREEK TRAIL MADISON, WI 53717 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>
STK		\$0.00	100,000.00	84254

**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 8 Day of February, 2011 at 1:21:57 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 SHELLY ALEXANDER  
Signature of Authorized Representative of the Corporation

PRESIDENT AND CEO  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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