



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: 2012

1. Corporate ID No. 000109052

2. Name of Corporation MEDICAL BENEFITS ADMINISTRATORS, INC.

3. Street Address Principal Business Office:

No. and Street: 1975 TAMARACK ROAD

City or Town: NEWARK

State: OH

Zip: 43055

Country: USA

4. Business Phone No.

740-522-7407

5. State of Incorporation

State: OH

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

TO ACT AS A THIRD-PARTY ADMINISTRATOR FOR THE ADMINISTRATION OF
EMPLOYEE BENEFITS OF ALL TYPES AND TO ACT AS A UTILIZATION REVIEW AGENCY
FOR EMPLOYEE HEALTH BENEFIT CLAIMS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	KURT J HARDEN	1975 TAMARACK RD NEWARK, OH 43055 USA
VICE PRESIDENT	CARA DELCHER	1975 TAMARACK RD NEWARK, OH 43055 USA
VICE PRESIDENT	CAROLINE F.R. FRAKER	1975 TAMARACK RD NEWARK, OH 43055 USA
VICE PRESIDENT	LORI S KANE	1975 TAMARACK RD NEWARK, OH 43055 USA
VICE PRESIDENT	ROSE M. MCENTIRE	1975 TAMARACK RD NEWARK, OH 43055 USA
PRESIDENT	DOUGLAS J FREEMAN	1975 TAMARACK ROAD NEWARK, OH 43055- USA
VICE PRESIDENT	KURT J HARDEN	1975 TAMARACK RD NEWARK, OH 43055 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	300.00	100
STK		\$1,000.00	450.00	100

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 19 Day of January, 2012 at 10:27:56 AM. *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 CRISTIN SAGUISI
Signature of Authorized Representative of the Corporation

STATUTORY ACCOUNTING MANAGER
Title

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

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