



**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: 2013

1. Corporate ID No. 000135494

2. Name of Corporation KEY BENEFIT ADMINISTRATORS, INC.

3. Street Address Principal Business Office:

No. and Street: 8330 ALLISON POINTE TRAIL

City or Town: INDIANAPOLIS

State: IN Zip: 46250 Country: USA

4. Business Phone No.

317-284-7100

5. State of Incorporation

State: IN

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

HEALTH AND WELFARE PLAN ADMINISTRATION

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 | BRADLEY P RAY | 8330 ALLISON POINTE TRAIL INDIANAPOLIS, IN 46250 USA |
| SECRETARY | WALLACE T GRAY | 8330 ALLISON POINTE TRAIL INDIANAPOLIS, IN 46250 USA |
| PRESIDENT | LARRY R DUST | 8330 ALLISON POINTE TRAIL INDIANAPOLIS, IN 46250- USA |
| DIRECTOR | LARRY R DUST | 8330 ALLISON POINTE TRAIL INDIANAPOLIS, IN 46250 |

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> |
|----------------|-----------------|---------------------|---|--|
| CNP | | \$0.0000 | 1,000.00 | 132 |

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 18 Day of January, 2013 at 10:09:41 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 WALLACE T. GRAY
Signature of Authorized Representative of the Corporation

SECRETARY
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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