



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: 2015

1. Corporate ID No. 000100456

2. Name of Corporation FBMC Benefits Management, Inc.

3. Street Address Principal Business Office:

No. and Street: 3101 SESSIONS ROAD

City or Town: TALLAHASSEE

State: FL

Zip: 32303

Country: USA

4. Business Phone No.

8504256200

5. State of Incorporation

State: FL

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

Benefit Manager of Employee Benefits Plans.

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
PRESIDENT	DAVID FAULKENBERRY	3101 SESSIONS ROAD TALLAHASSEE, FL 32303 USA
SECRETARY	PATRICIA NEELY	3101 SESSIONS ROAD TALLAHASSEE, FL 32303 USA
CFO	DEBRA TOUGAS	3101 SESSIONS ROAD TALLAHASSEE, FL 32303 USA
DIRECTOR	AGNES MCMURRAY	3101 SESSIONS ROAD TALLAHASSEE, FL 32303 USA
DIRECTOR	LAWRENCE DENNIS	3101 SESSIONS ROAD

		TALLAHASSEE, FL 32303 USA
DIRECTOR	JEROME OSTERYOUNG	3101 SESSIONS ROAD TALLAHASSEE, FL 32303 USA
DIRECTOR	JOHN MARKS	3101 SESSIONS ROAD TALLAHASSEE, FL 32303 USA
DIRECTOR	MICHAEL SHERIDAN	3101 SESSIONS ROAD TALLAHASSEE, FL 32303 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>
PWP	C	\$9.5400	89,902.00	0
CWP		\$0.0100	1,200,000.00	273373

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 10 Day of February, 2015 at 4:02:46 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 PATRICIA NEELY
Signature of Authorized Representative of the Corporation

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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