COMMONWEALTH OF KENTUCKY TREY GRAYSON SECRETARY OF STATE

0582027.05
Trey Grayson
Secretary of State
Received and Filed
03/24/2006 1:32:24 PM
Fee Receipt: \$200.00

Dcornish L910



STATEMENT OF REGISTRATION OR RENEWAL OF LIMITED LIABILITY PARTNERSHIP

Pursuant to the provisions of KRS Chapter 362, the undersigned hereby applies for registration or renewal as a limited liability partnership on behalf of the partnership named below and for that purpose submits the following statements:

1.	Registration (CHECK ONE) Renew	wal	
2.	The name of the limited liability partnership	o is	
	Benefit Planners Limited,	L.L.P.	
3.	The state or country of formation isTe	exas, USA	
4.	The principal office address is		
	194 S. Main Street	Boerne, TX 78006	·
	Address	City State Zip	Code
5.	The number of partners is 2	 ,	
6.	The names of the partners are		
	Benefit Control Management, L		
	Name of Parter	Name of Partner	
	Cusick Enterprises Limited, L	Name of Partner	
	Name of Parter	(Attach a continuation sheet, if necessary)	
7. The nature of the business of the partnership is			
	Third party administrator		
(Brief Description)			
Th	e statement is executed by	Phillip Martin, Assistant Secretary of the	- 03/10/06
-	Signature		Date
	Signature		Date
	-		
•	Signature	Print or type name and title	Date
	Signature	Print or type name and title	Date

LLP-100 (7/98)

(See attached sheet for instructions)