


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 17 PM 1:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P33910 (1)

1. Corporation Name
FINANCIAL BENEFITS INSURANCE COMPANY

Principal Place of Business 10 SOUTH LA SALLE STREET - 12TH FLOOR CHICAGO IL 60603-1099	Mailing Address 10 SOUTH LA SALLE STREET - 12TH FLOOR CHICAGO IL 60603-1099
---	---

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 36-3316892	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 05/13/1991	3a. Date of Last Report 04/25/1994
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, JOHN L.	1.2 NAME	
STREET ADDRESS	10 S. LA SALLE STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, HILDEGARDE	2.2 NAME	
STREET ADDRESS	10 S. LA SALLE STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	2.4 CITY - ST - ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, FRED H.	3.2 NAME	
STREET ADDRESS	10 S. LA SALLE STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 116.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Hildegarde Thomas Hildegarde Thomas **4/6/95** (312) 782-9453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR