

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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	2a. Mailing Address	3. Date incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 State, Apt. #, etc.	05/13/1991	04/17/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	36-3316692	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PTD	STEVENS, JOHN L. 10 S. LA SALLE STREET CHICAGO IL	<input type="checkbox"/> DELETE	
D	THOMAS, HILDEGARDE 10 S. LA SALLE STREET CHICAGO IL	<input type="checkbox"/> DELETE	14 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
CD	PEARSON, FRED H. 10 S. LA SALLE STREET CHICAGO IL	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
		<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
		<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
		<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
		<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 119.07(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 on an attachment with an address.

SIGNATURE: *Hildegard Thomas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Hildegard Thomas - Secretary

4/18/96 (312) 782-9453

CR2E034 (12/95)