FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 851057 (0)

1. Corporation Name
BENICORP INSURANCE COMPANY

Principal Place of Business	Mailing Address
5285 W. LAKEVIEW PARKWAY. SOUTH DRIVE INDIANAPOLIS IN 46268	5285 W. LAKEVIEW PARKWAY. SOUTH DRIVE INDIANAPOLIS IN 46268

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 11/18/1981
3a. Date of Last Report: 08/12/1994
4. FEI Number: 75-1734212 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL FL 32301

10. Name and Address of New Registered Agent

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 ______ (Signature, typed or printed name of registered agent and title if applicable) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	TITLE	☐ Change ☐ Addition
NAME	SAMS, THOMAS H	NAME	
STREET ADDRESS	5285 W. LAKEVIEW PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46268	CITY-ST-ZIP	
TITLE	PTD	TITLE	☐ Change ☐ Addition
NAME	HOUCHENS, DENNIS W	NAME	
STREET ADDRESS	5285 W. LAKEVIEW PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46268	CITY-ST-ZIP	
TITLE	VSD	TITLE	☐ Change ☐ Addition
NAME	BOJE, BRIAN P	NAME	
STREET ADDRESS	5285 W. LAKEVIEW PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46268	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	GRIFFITH, C. PERRY JR	NAME	
STREET ADDRESS	36 S. PENNSYLVANIA	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BUNTING, WENDELL	NAME	
STREET ADDRESS	36 S. PENNSYLVANIA	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	HEFLIN, LEE	NAME	
STREET ADDRESS	5285 W. LAKEVIEW PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46268	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 119.07(3)(i), 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: [signature] DENNIS HOUCHENS 5-1-95 (317) 290-1205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0476607 FP