

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 851057 (0)
1. Corporation Name
BENICORP INSURANCE COMPANY

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

Mailing Address
P.O. BOX 68917
INDIANAPOLIS IN 46268-0917
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-1734212	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

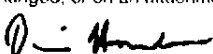
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE OF FLORIDA CAPITAL BLDG TALLAHASSEE FL FL 32301				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE	☐ Change	☐ Addition	
NAME	MCNAUGHT, HARRY F			1.2 NAME			
STREET ADDRESS	36 S. PENNSYLVANIA			1.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN			1.4 CITY-ST-ZIP			
TITLE	PTD	☐ DELETE		2.1 TITLE	☐ Change	☐ Addition	
NAME	HOUCHEMS, DENNIS W			2.2 NAME			
STREET ADDRESS	5285 W. LAKEVIEW PARKWAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46268			2.4 CITY-ST-ZIP			
TITLE	VSD	☐ DELETE		3.1 TITLE	☐ Change	☐ Addition	
NAME	BOJE, BRIAN P			3.2 NAME			
STREET ADDRESS	5285 W. LAKEVIEW PARKWAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46268			3.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		4.1 TITLE	☐ Change	☐ Addition	
NAME	GRIFFITH, C. PERRY JR			4.2 NAME			
STREET ADDRESS	36 S. PENNSYLVANIA			4.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46240			4.4 CITY-ST-ZIP			
TITLE	CD	☐ DELETE		5.1 TITLE	☐ Change	☐ Addition	
NAME	SAMS, THOMAS H			5.2 NAME			
STREET ADDRESS	5285 W LAKEVIEW PARKWAY S DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change	☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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:  Dennis Houchems 4/23/98 (317) 290-1205

CR2E034 (10/97)