

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90185 033 ***158.75

DOCUMENT # 851057

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

3. Date Incorporated or Qualified

11/18/1981

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 owes the current year Intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL FL 32301**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MCNAUGHT, HARRY F**
STREET ADDRESS **36 S. PENNSYLVANIA**
CITY-ST-ZIP **INDIANAPOLIS IN**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PTD** ☐ DELETE
NAME **HOUCHEMS, DENNIS W**
STREET ADDRESS **5285 W. LAKEVIEW PARKWAY**
CITY-ST-ZIP **INDIANAPOLIS IN 46268**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VSD** ☐ DELETE
NAME **BOJE, BRIAN P**
STREET ADDRESS **5285 W. LAKEVIEW PARKWAY**
CITY-ST-ZIP **INDIANAPOLIS IN 46268**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GRIFFITH, C. PERRY JR**
STREET ADDRESS **36 S. PENNSYLVANIA**
CITY-ST-ZIP **INDIANAPOLIS IN 46240**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **CD** ☐ DELETE
NAME **SAMS, THOMAS H**
STREET ADDRESS **5285 W LAKEVIEW PARKWAY S DR**
CITY-ST-ZIP **INDIANAPOLIS IN**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS Houchens

Date

4/22/99

Daytime Phone #

317-290-1205

CR2E034 (11/98)