

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 851057

(0)

1. Corporation Name:

BENICORP INSURANCE COMPANY

APPROVED
AND
FILED

95 MAY -1 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5285 W. LAKEVIEW PARKWAY, SOUTH DRIVE
INDIANAPOLIS IN 46268

5285 W. LAKEVIEW PARKWAY, SOUTH DRIVE
INDIANAPOLIS IN 46268

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1981

3a. Date of Last Report

08/12/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 § 192.002,
Florida Statutes ☐ 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 170.002 and 170.003, 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 170.003, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when changing agent)

Signature of Registered Agent (Required when changing agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	SAMS, THOMAS H
STREET ADDRESS	5285 W. LAKEVIEW PARKWAY
CITY, ST, ZIP	INDIANAPOLIS IN 46268
TITLE	PTD
NAME	HOUCHEMS, DENNIS W
STREET ADDRESS	5285 W. LAKEVIEW PARKWAY
CITY, ST, ZIP	INDIANAPOLIS IN 46268
TITLE	VSD
NAME	BOJE, BRIAN P
STREET ADDRESS	5285 W. LAKEVIEW PARKWAY
CITY, ST, ZIP	INDIANAPOLIS IN 46268
TITLE	D
NAME	GRIFFITH, C. PERRY JR
STREET ADDRESS	38 S. PENNSYLVANIA
CITY, ST, ZIP	INDIANAPOLIS IN 46240
TITLE	D
NAME	BUNTING, WENDELL
STREET ADDRESS	38 S. PENNSYLVANIA
CITY, ST, ZIP	INDIANAPOLIS IN 46240
TITLE	D
NAME	HEFLIN, LEE
STREET ADDRESS	5285 W. LAKEVIEW PARKWAY
CITY, ST, ZIP	INDIANAPOLIS IN 46268

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and done not qualify for the exemption stated in Section 170.002(b), Florida Statutes. I further certify that the information indicated on this annual report is 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 record or business corporation to make this report as required by Chapter 167, Florida Statutes, and that my name appears in Block 12 or Block 13 (changed) or in an addition thereto.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS HOUCHEMS

5-1-95 (317) 290-1205