

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 5285 W. LAKEVIEW PARKWAY, SOUTH DRIVE INDIANAPOLIS IN 46268-4111
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1981	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 P.O. Box 68917	4. FEI Number 75-1734212		Applied For Not Applicable	
22 City & State	27	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Indianapolis, IN	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 46268-0917	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNAUGHT, HARRY F	1.2 NAME	Sams, Thomas H
STREET ADDRESS	36 S. PENNSYLVANIA	1.3 STREET ADDRESS	5285 W Lakeview Parkway S Dr
CITY - ST - ZIP	INDIANAPOLIS IN	1.4 CITY - ST - ZIP	Indianapolis, IN 46268
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 Houchens **Dennis Houchens** 04/29/97 (317) 290-1205

CR2E034 (9/96)