
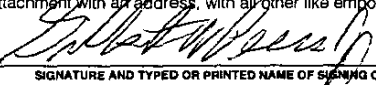


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91012 003 ***158.75

DOCUMENT # F03000000378 1. Entity Name INGENIUM BENEFITS, INC.					
Principal Place of Business MUTUAL OF OMAHA PLAZA OMAHA, NE 68175				Mailing Address MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address C/O Leslie Hagg Mutual of Omaha Plaza City & State Omaha, NE 68175 Zip Country			
4. FEI Number 13-4227219				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				03152004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEARY, DANIEL PAUL <input type="checkbox"/> Delete C/O MUTUAL OF OMAHA, MUTAL OF OMAHA PLAZA OMAHA, NE 68175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Neary, Daniel Paul Mutual of Omaha Plaza Omaha, NE 68175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROWLEY, NEAL ARTHUR <input type="checkbox"/> Delete C/O MUTUAL OF OMAHA, MUTAL OF OMAHA PLAZA OMAHA, NE 68175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Peers, Gilbert William, Jr. Mutual of Omaha Plaza Omaha, NE 68175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete BLACKLEDGE, JAMES TODD C/O MUTUAL OF OMAHA, MUTAL OF OMAHA PLAZA OMAHA, NE 68175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Martin, Daniel Paul Mutual of Omaha Plaza Omaha, NE 68175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RUCKER, MADELINE R C/O MUTUAL OF OMAHA, MUTAL OF OMAHA PLAZA OMAHA, NE 68175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WEEKLY, MICHAEL C C/O MUTUAL OF OMAHA, MUTAL OF OMAHA PLAZA OMAHA, NE 68175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Gilbert W. Peers, Jr. 4/26/04 402-351-8492		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		