

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127254

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** BENEFITS INSURANCE GROUP INC.

**Current Principal Place of Business:**

14452 BRUCE B. DOWNS BLVD.  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 46956  
TAMPA, FL 33646 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILKINS, THOMAS E  
14452 BRUCE B. DOWNS BLVD.  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILKINS, THOMAS E  
Address: 14452 BRUCE B. DOWNS BLVD.  
City-St-Zip: TAMPA, FL 33613 US

Title: D  
Name: SOLEY, JAMES P  
Address: 14452 BRUCE B. DOWNS BLVD.  
City-St-Zip: TAMPA, FL 33613 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS E. WILKINS

PRES

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date