FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P18635 (3)

1. Corporation Name
STOP LOSS INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
3333 FOUNDERS ROAD PO BOX 68943 INDIANAPOLIS IN 46268	3333 FOUNDERS ROAD PO BOX 68943 INDIANAPOLIS IN 46268

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1988
3a. Date of Last Report: 04/18/1994
4. FEI Number: 35-1568171 ☐ 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
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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: _____ DATE
(Signature, type or print name of registered agent, and title, if applicable) (If not, Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	11 TITLE		☐ Change ☐ Addition
NAME	STEVENS, GENE	12 NAME		
STREET ADDRESS	3333 FOUNDERS RD	13 STREET ADDRESS		
CITY ST ZIP	INDIANAPOLIS IN 46268	14 CITY ST ZIP		
TITLE	VS	21 TITLE		☐ Change ☐ Addition
NAME	SWEENEY, PATRICIA M	22 NAME		
STREET ADDRESS	3333 FOUNDERS RD	23 STREET ADDRESS		
CITY ST ZIP	INDIANAPOLIS IN	24 CITY ST ZIP		
TITLE	V	31 TITLE	V	☒ Change ☐ Addition
NAME	STALOWICZ, ROGER	32 NAME	Walt McElroy	
STREET ADDRESS	3333 FOUNDERS ROAD	33 STREET ADDRESS	3333 Founders Road	
CITY ST ZIP	INDIANAPOLIS IN	34 CITY ST ZIP	Indianapolis, IN 46268	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	HARTY, JAMES T.	42 NAME		
STREET ADDRESS	3333 FOUNDERS ROAD	43 STREET ADDRESS		
CITY ST ZIP	INDIANAPOLIS IN	44 CITY ST ZIP		
TITLE	CFO	51 TITLE		☐ Change ☐ Addition
NAME	BLAGG, W LARRY	52 NAME		
STREET ADDRESS	3333 FOUNDERS ROAD	53 STREET ADDRESS		
CITY ST ZIP	INDIANAPOLIS IN	54 CITY ST ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	SEMNANI, MORTEZA	62 NAME		
STREET ADDRESS	3333 FOUNDERS RD	63 STREET ADDRESS		
CITY ST ZIP	INDIANAPOLIS IN	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above or on an attachment with an address.

SIGNATURE: W. Larry Blagg CFO — W. Larry Blagg, CFO — 4/26/95 — (317)876-4745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470578 FP