

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

FILED  
Jun 30 1997 8:00am  
Secretary of State

|                                              |                                                                                   |                                                                                                                 |
|----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortha</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

**DOCUMENT # P18635 (3)**  
 1. Corporation Name  
**STOP LOSS INTERNATIONAL CORPORATION**



|                                                                                                                 |                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>3333 FOUNDERS ROAD</b><br><b>PO BOX 68943</b><br><b>INDIANAPOLIS IN 46268</b> | Mailing Address<br><b>3333 FOUNDERS ROAD</b><br><b>PO BOX 68943</b><br><b>INDIANAPOLIS IN 46268-0943</b> |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                            |                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Principal Place of Business</b><br><b>21 8900 Keystone Xing</b><br>Suite, Apt. #, etc.<br><b>22 #800</b><br>City & State<br><b>23 Indianapolis IN</b><br>Zip<br><b>24 46240-2146</b> | <b>2a. Mailing Address</b><br><b>26 8900 Keystone Xing</b><br>Suite, Apt. #, etc.<br><b>27 #800</b><br>City & State<br><b>28 Indianapolis IN</b><br>Zip<br><b>29 46240-2146</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                         |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>3. Date Incorporated or Qualified</b><br><b>03/30/1988</b>                                                                                           | <b>3a. Date of Last Report</b><br><b>05/21/1996</b>    |
| <b>4. FEI Number</b><br><b>35-1568171</b>                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                        | <b>\$8.75 Additional Fee Required</b>                  |
| <b>6. Election Campaign Financing</b> <input type="checkbox"/>                                                                                          | <b>\$5.00 May Be Added to Fees</b>                     |
| <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

**9. 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**

|                                                              |
|--------------------------------------------------------------|
| <b>81 Name</b>                                               |
| <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> |
| <b>83</b>                                                    |
| <b>84 City</b>                                               |
| <b>85 Zip Code</b>                                           |

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

|                |                       |                                            |
|----------------|-----------------------|--------------------------------------------|
| TITLE          | CEO                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | STEVENS, GENE         |                                            |
| STREET ADDRESS | 3333 FOUNDERS RD      |                                            |
| CITY-ST-ZIP    | INDIANAPOLIS IN 46268 |                                            |
| TITLE          | V                     | <input type="checkbox"/> DELETE            |
| NAME           | MCELROY, WALT         |                                            |
| STREET ADDRESS | 3333 FOUNDERS RD      |                                            |
| CITY-ST-ZIP    | INDIANAPOLIS IN       |                                            |
| TITLE          | V                     | <input type="checkbox"/> DELETE            |
| NAME           | HARTY, JAMES T.       |                                            |
| STREET ADDRESS | 3333 FOUNDERS ROAD    |                                            |
| CITY-ST-ZIP    | INDIANAPOLIS IN       |                                            |
| TITLE          | ST                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | BLAGG, W LARRY        |                                            |
| STREET ADDRESS | 3333 FOUNDERS ROAD    |                                            |
| CITY-ST-ZIP    | INDIANAPOLIS IN       |                                            |
| TITLE          | V                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | SEMNANI, MORTEZA      |                                            |
| STREET ADDRESS | 3333 FOUNDERS RD      |                                            |
| CITY-ST-ZIP    | INDIANAPOLIS IN       |                                            |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |                                            |
| STREET ADDRESS |                       |                                            |
| CITY-ST-ZIP    |                       |                                            |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |                                       |                                                                              |
|--------------------|---------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | President, Director                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Joseph J. McBrlane                    |                                                                              |
| 1.3 STREET ADDRESS | 5402 Parkdale Drive, Suite 300        |                                                                              |
| 1.4 CITY-ST-ZIP    | Minneapolis MN 55416-1636             |                                                                              |
| 2.1 TITLE          | Vice President - Marketing            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Arvine W. McElroy, Jr                 |                                                                              |
| 2.3 STREET ADDRESS | 8900 Keystone Crossing, Suite 800     |                                                                              |
| 2.4 CITY-ST-ZIP    | Indianapolis IN 46240-2146            |                                                                              |
| 3.1 TITLE          | Senior Vice President                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | James T. Harty                        |                                                                              |
| 3.3 STREET ADDRESS | 8900 Keystone Crossing, Suite 800     |                                                                              |
| 3.4 CITY-ST-ZIP    | Indianapolis IN 46240-2146            |                                                                              |
| 4.1 TITLE          | Vice President, Treasurer & Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Mark L. Helvick                       |                                                                              |
| 4.3 STREET ADDRESS | 5402 Parkdale Dr. Ste. 300            |                                                                              |
| 4.4 CITY-ST-ZIP    | Minneapolis MN 55416-1636             |                                                                              |
| 5.1 TITLE          | Senior Vice President                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | George M. Peterson                    |                                                                              |
| 5.3 STREET ADDRESS | 5402 Parkdale Dr., Suite 300          |                                                                              |
| 5.4 CITY-ST-ZIP    | Minneapolis MN 55416-1636             |                                                                              |
| 6.1 TITLE          |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                       |                                                                              |
| 6.3 STREET ADDRESS |                                       |                                                                              |
| 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:

*Gene Stevens*

6/23/97

612-542-1347

CR2E034 (9/96)