

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90129 024 \*\*\*150.00

**DOCUMENT # P20776**

1. Corporation Name

**DESIGN BENEFIT PLANS, INC.**

Principal Place of Business

**222 MERCHANDISE MART PLAZA  
CHICAGO IL 60654  
US**

Mailing Address

**11825 N PENNSYLVANIA ST  
A2A  
CARMEL IN 46032  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/07/1988**

4. FEI Number

**36-3496297**

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
KILIAN, THOMAS J  
11825 N. PENNSYLVANIA ST  
CARMEL IN 46032**

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVD  
DICK, ROLLIN M  
11825 N. PENNSYLVANIA ST  
CARMEL IN 46032**

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EV  
MICHAELS, GARYIN  
11825 N. PENNSYLVANIA ST  
CARMEL IN 46032**

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**Michaels, Gary**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVT  
ADAMS, JAMES S  
11825 N. PENNSYLVANIA ST  
CARMEL IN 46032**

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
KINDIG, KARL W  
11825 N. PENNSYLVANIA ST  
CARMEL IN 46032**

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**Sabl, John J.**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HILBERT, STEPHEN C  
11825 N. PENNSYLVANIA ST  
CARMEL IN 46032**

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

*Karl W. Kindig*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Karl W. Kindig** 4/28/99

Date

(317)817-6000

Daytime Phone #

CR2E034 (11/98)

Design Benefit Plans, Inc.

P20776  
532256-90129-24

DIRECTORS

Ngaire E. Cuneo  
Rollin M. Dick  
Stephen C. Hilbert  
Thomas J. Kilian

OFFICERS

<u>Name</u>	<u>Office</u>
Thomas J. Kilian	President
Rollin M. Dick	Executive Vice President
Gary Michaels	Executive Vice President
John J. Sabl	Executive Vice President, General Counsel & Secretary
James S. Adams	Senior Vice President, Chief Accounting Officer & Treasurer
William T. Devanney, Jr.	Senior Vice President, Corporate Taxes
Karl W. Kindig	Assistant Secretary
Susan M. Hahn	Vice President

The address for the above officers and directors is 11825 N. Pennsylvania St.,  
Carmel, Indiana 46032.