


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P28109	
1. Entity Name BENCHMARK INSURANCE COMPANY	

Principal Place of Business 6701 W 64TH ST STE 125 BLDG 5 SHAWNEE MISSION, KS 66202 US	Mailing Address 6701 WEST 64TH STREET SUITE 125, BUILDING 5 SHAWNEE MISSION, KS 66202
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 Crystal R. Cox DATE 1-20-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC O' BRIEN, ANDREW M 6 MARILANE AVE MINNEAPOLIS, MN 55436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV HOOVER, CRAIG W 12070 S. IOWA OLATHE, KS 66061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAY, RICHARD C 6983 HIGHOVER DRIVE CHANHASSEN, MN 55317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COX, CRYSTAL 530 FIELDCREST DRIVE LEES SUMMIT, MO 64081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRISON, WILLIAM R 122300 WEDD OVERLAND PARK, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, STEVEN B 6637 MULBERRY CIRCLE CHANHASSEN, MN 55317

**DO NOT WRITE
IN THIS SPACE**

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04/07/05-80014-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Crystal R. Cox Crystal R. Cox 2-21-05 913-722-0622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #