

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90011 024 \*\*\*150.00

<b>DOCUMENT # P28109</b> 1. Entity Name <b>BENCHMARK INSURANCE COMPANY</b>			
Principal Place of Business <del>6405 METCALF AVE</del> <b>775 Prairie Center Drive</b> <del>SUITE 400</del> <b>Suite 420</b> <del>SHAWNEE MISSION, KS 66202</del> <b>US</b> <del>Eden Prairie, MN 55344</del> <b>US</b>		Mailing Address <del>6405 METCALF AVE</del> <b>775 Prairie Center Dr.</b> <del>SUITE 400</del> <b>Suite 420</b> <del>SHAWNEE MISSION, KS 66202</del> <b>US</b> <del>Eden Prairie, MN 55344</del> <b>US</b>	
2. Principal Place of Business - No P.O. Box # <b>775 Prairie Center Drive</b> Suite, Apt. #, etc. <b>Suite # 420</b> City & State <b>Eden Prairie, MN</b> Zip <b>55344</b> Country <b>USA</b>		3. Mailing Address <b>775 Prairie Center Dr.</b> Suite, Apt. #, etc. <b>Suite # 420</b> City & State <b>Eden Prairie, MN</b> Zip <b>55344</b> Country <b>USA</b>	
4. FEI Number <b>48-6114880</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04182007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS ST.</b> <b>TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DC NAME O' BRIEN, ANDREW M STREET ADDRESS 6 MARILANE AVE CITY-ST-ZIP MINNEAPOLIS, MN 55436	<input type="checkbox"/> Delete	TITLE DC NAME O'Brien, Andrew M. STREET ADDRESS 256 Interlachen Rd. CITY-ST-ZIP Hopkins, MN 55343	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DSV NAME HOOVER, CRAIG W STREET ADDRESS 12070 S. IOWA CITY-ST-ZIP OLATHE, KS 66061	<input checked="" type="checkbox"/> Delete	TITLE DP NAME Schaffran, Patricia J. STREET ADDRESS 101st Falls Curve CITY-ST-ZIP Chaska, MN 55318	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BRAY, RICHARD C STREET ADDRESS 6983 HIGHOVER DRIVE CITY-ST-ZIP CHANHASSEN, MN 55317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME COX, CRYSTAL STREET ADDRESS 530 FIELDCREST DRIVE CITY-ST-ZIP LEES SUMMIT, MO 64081	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME MORRISON, WILLIAM R STREET ADDRESS 122300 WEDD CITY-ST-ZIP OVERLAND PARK, KS	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LEE, STEVEN B STREET ADDRESS 6637 MULBERRY CIRCLE CITY-ST-ZIP CHANHASSEN, MN 55317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Patricia J. Schaffran</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-18-07</u> Daytime Phone # <u>952-974-2200</u>	