


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P28109	
1. Entity Name BENCHMARK INSURANCE COMPANY	
	
Principal Place of Business 775 PRAIRE CENTER DRIVE SUITE #420 EDEN PRAIRIE, MN 55344 US	Mailing Address 775 PRAIRE CENTER DRIVE SUITE #420 EDEN PRAIRIE, MN 55344 US



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-6114880	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000948552 06/02/08-80059-023 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC O' BRIEN, ANDREW M 256 INTERLACHEN RD HOPKINS, MN 55343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHAFFRAN, PATRICIA J 1061 FALLS CURVE CHASKA, MN 55318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAY, RICHARD C 6983 HIGHOVER DRIVE CHANHASSEN, MN 55317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, STEVEN B 6637 MULBERRY CIRCLE CHANHASSEN, MN 55317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Patricia Schaffran* 4-23-08 952-974-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #