

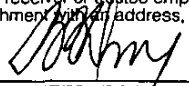


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90040 036 \*\*\*158.75

<b>DOCUMENT # P33910</b> 1. Entity Name <b>FINANCIAL BENEFITS INSURANCE COMPANY</b>					
Principal Place of Business <b>140 S. DEARBORN STREET 900 CHICAGO, IL 60603-5205</b>			Mailing Address <b>140 S. DEARBORN STREET 900 CHICAGO, IL 60603-5205</b>		
2. Principal Place of Business <b>140 S. Dearborn Street</b>		3. Mailing Address <b>140 S. Dearborn Street</b>			
Suite, Apt. #, etc. <b>Suite 1600</b>		Suite, Apt. #, etc. <b>Suite 1600</b>			
City & State <b>Chicago, IL</b>		City & State <b>Chicago, IL</b>			
Zip <b>60603-5207</b>		Country <b>USA</b>		01052006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>36-3316692</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> <b>KERNAN, JAMES M</b> <b>140 S. DEARBORN STR. - SUITE 900</b> <b>CHICAGO, IL 60603</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> <b>Kernan, James M</b> <b>140 S. Dearborn Street, Suite 1600</b> <b>Chicago, IL 60603-5207</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIRIE, WILLIAM G</b> <b>140 S. DEARBORN STR. - SUITE 900</b> <b>CHICAGO, IL 60603</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Ririe, William G</b> <b>140 S. Dearborn Street, Suite 1600</b> <b>Chicago, IL 60603-5207</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEARSON, FRED H.</b> <b>140 S. DEARBORN STR. - SUITE 900</b> <b>CHICAGO, IL 60603</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Desai, Bipinkumar B</b> <b>140 S. Dearborn Street, Suite 1600</b> <b>Chicago, IL 60603-5207</b>	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DESAI, BIPINKUMAR B</b> <b>140 S DEARBORN STREET, SUITE 900</b> <b>CHICAGO, IL 606035202</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Desai, Bipinkumar B</b> <b>140 S. Dearborn Street, Suite 1600</b> <b>Chicago, IL 60603-5207</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BUHL, GARY R</b> <b>140 S DEARBORN STREET, SUITE 900</b> <b>CHICAGO, IL 606035202</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Buhl, Gary R</b> <b>140 S. Dearborn Street, Suite 1600</b> <b>Chicago, IL 60603-5207</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KERNAN, ROBERT</b> <b>140 S DEARBORN STREET, SUITE 900</b> <b>CHICAGO, IL 606035202</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Kernan, Robert</b> <b>140 S. Dearborn Street, Suite 1600</b> <b>Chicago, IL 60603-5207</b>	<input type="checkbox"/> Delete <input checked="" 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.					
<b>SIGNATURE:</b> 		<b>Bipinkumar B. Desai</b>		<b>1-30-06    (315) 768-2726</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	