

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000003348 (6)**  
 1. Corporation Name  
**EDCO INSURANCE SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2700 BANK ONE TOWER 111 MONUMENT CIRCLE INDIANAPOLIS IN 46204</b>	Mailing Address <b>2700 BANK ONE TOWER 111 MONUMENT CIRCLE INDIANAPOLIS IN 46204</b>
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3. Date Incorporated or Qualified <b>06/26/1997</b>	
4. FEI Number <b>35-2003494</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEMS**  
**1200 60 PINE ISLAND RD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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

TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>WILSON, GEORGE</b>
STREET ADDRESS	<b>181 BAY ST STE 3500</b>
CITY-ST-ZIP	<b>TORONTO ONTARIO CANADA</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>BOYES, W S</b>
STREET ADDRESS	<b>111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46204</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>HICKS, ROBERT J</b>
STREET ADDRESS	<b>111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46204</b>
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE
NAME	<b>HERBST, SCOTT E</b>
STREET ADDRESS	<b>111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46204</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>MILBURN, MELISSA M</b>
STREET ADDRESS	<b>111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46204</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>BELAND, MICHEL</b>
STREET ADDRESS	<b>111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46204</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>VSD.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>AVAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>VPCFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied in 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 supplementary 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 trustee 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 attached sheet with an address.

CR2E034 (10/97)

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**EDCO INSURANCE SERVICES, INC.**

**LIST OF OFFICERS AND DIRECTORS**

Bank One Tower #2700  
111 Monument Circle  
Indianapolis, IN 46204-5122  
EIN: 35-2003494

<b>Name</b>	<b>Title(s)</b>	<b>SSN</b>	<b>Home Address</b>	<b>Business Address</b>
George Wilson	General Manager, Treasurer, Director	Canadian National SIN# 492-13-0506		3608 Northeast 62nd Terrace King City, MO 64119
W. Scott Boyes	Vice President, Director	Canadian National SIN# 445-738-561	114 Abbeywood Trail North York, Ontario Canada M3B 3B5	181 Bay Street, Suite 3500 Toronto, Ontario Canada M5J 2T3
Robert J. Hicks	Vice President, Secretary, & Director	187-38-7963	10677 Crown Court Carmel, IN 46032	Bank One Tower #2700 111 Monument Circle Indianapolis, IN 46204-5122
Michel Beland	Vice President, Chief Financial Officer	303-19-1446	10813 Turne Grove Fishers, IN 46038-9006	Bank One Tower #2700 111 Monument Circle Indianapolis, IN 46204-5122
Scott E. Herbst	Asst. Vice President, Asst. Secretary	312-86-0867	10976 East Mallard Way Indianapolis, IN 46278	Bank One Tower #2700 111 Monument Circle Indianapolis, IN 46204-5122
Melissa M. Milburn	Assistant Secretary	305-88-3629	6620 Hollow Run Drive #736 Indianapolis, IN 46214	Bank One Tower #2700 111 Monument Circle Indianapolis, IN 46204-5122