

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 838468

1. Entity Name
COMPBENEFITS INSURANCE COMPANY



Principal Place of Business
**100 MANSELL COURT EAST
 STE 400
 ROSWELL, GA 30076 US**

Mailing Address
**100 MANSELL COURT EAST
 STE 400
 ROSWELL, GA 30076 US**



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **74-2552026** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROTHROCK, KIRK E
STREET ADDRESS	100 MANSELL COURT EAST STE 400
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	SO
NAME	MITCHELL, BRUCE A
STREET ADDRESS	100 MANSELL COURT EAST STE 400
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	D
NAME	STEWART, ALAN
STREET ADDRESS	100 MANSELL COURT EAST STE 400
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	D
NAME	ENDRES, STEPHANIE L
STREET ADDRESS	100 MANSELL COURT EAST STE 400
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	TD
NAME	DUNAWAY, GEORGE W
STREET ADDRESS	100 MANSELL COURT EAST STE 400
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/22/06 80013-009 150.00

**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:

Bruce A. Mitchell, Secretary

02/01/06 770.998.8936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #