

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 838468 1. Entity Name COMPBENEFITS INSURANCE COMPANY	
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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
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2552026	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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, 2007 Fee will be \$550.00**

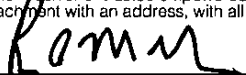
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

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01/23/07-80005-015 150.00

**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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2007 770.998.8936
Date Daytime Phone #