2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 838468

1. Entity Name
COMPBENEFITS INSURANCE COMPANY

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

01052007 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

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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, 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	PD
NAME	ROTHROCK, KIRK E
STREET ADDRESS	100 MANSELL COURT EAST STE 400
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	SD
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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01/23/07-80005-015 150.00

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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 1/5/2007 770.998.8936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #