

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 838468

FILED
Jan 22, 2003
Secretary of State

Entity Name: COMPBENEFITS INSURANCE COMPANY

Current Principal Place of Business:

100 MANSELL COURT EAST
STE 400
ROSWELL, GA 30076 US

New Principal Place of Business:

Current Mailing Address:

100 MANSELL COURT EAST
STE 400
ROSWELL, GA 30076 US

New Mailing Address:

FEI Number: 74-2552026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KLOCK, PHYLLIS A
Address: 100 MANSELL COURT EAST STE 400
City-St-Zip: ROSWELL, GA 30076

Title: SD () Delete
Name: MITCHELL, BRUCE A
Address: 100 MANSELL COURT EAST STE 400
City-St-Zip: ROSWELL, GA 30076

Title: TD (X) Delete
Name: YODER, KEITH J
Address: 100 MANSELL COURT EAST STE 400
City-St-Zip: ROSWELL, GA 30076

Title: CCEO () Delete
Name: KLOCK, DAVID R
Address: 100 MANSELL COURT EAST STE 400
City-St-Zip: ROSWELL, GA 30076

Title: D () Delete
Name: ENDRES, STEPHANIE L
Address: 100 MANSELL COURT EAST STE 400
City-St-Zip: ROSWELL, GA 30076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE MITCHELL

S

01/22/2003

Electronic Signature of Signing Officer or Director

Date