


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90075 022 \*\*\*150.00

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # F02000005777</b>  |  |                                    |  |
| 1. Entity Name<br><b>CONFEDERATED EMPLOYERS &amp; BENEFITS COMPANY, INC.</b>  |  |   |  |
| Principal Place of Business<br><b>600 VESTAVIA PARKWAY, SUITE 160<br/>BIRMINGHAM, AL 35216</b>  |  | Mailing Address<br><b>600 VESTAVIA PARKWAY, SUITE 160<br/>BIRMINGHAM, AL 35216</b>                                  |  |
| 2. Principal Place of Business<br><i>1100 E. Park Dr.</i>   |  | 3. Mailing Address<br><i>1100 E. Park Dr.</i>   |  |
| Suite, Apt. #, etc.<br><i>301</i>   |  | Suite, Apt. #, etc.<br><i>301</i>   |  |
| City & State<br><i>Birmingham, AL</i>   |  | City & State<br><i>Birmingham, AL</i>   |  |
| Zip<br><i>35235</i>   |  | Zip<br><i>35235</i>   |  |
| Country   |  | Country   |  |
| 4. FEI Number<br><b>63-1116312</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><b>BUSINESS FILINGS INCORPORATED<br/>660 EAST JEFFERSON STREET<br/>TALLAHASSEE, FL 32301-0000</b>  |  | 7. Name and Address of New Registered Agent   |  |
| Name  |  | Name  |  |
| Street Address (P.O. Box Number is Not Acceptable)  |  | Street Address (P.O. Box Number is Not Acceptable)  |  |
| City  |  | City  |  |
| FL  |  | Zip Code  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE   | PD <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | FOUSHEE, RAYMOND L                           | NAME  |  |
| STREET ADDRESS  | 2412 5TH PLACE N.W.                          | STREET ADDRESS  |  |
| CITY-ST-ZIP   | BIRMINGHAM, AL 35215                         | CITY-ST-ZIP   |  |
| TITLE   | VST <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | REASONOVER, VICKEY                           | NAME  |  |
| STREET ADDRESS  | 3056 QUEENSTOWN ROAD                         | STREET ADDRESS  |  |
| CITY-ST-ZIP   | TRUSSVILLE, AL 35173                         | CITY-ST-ZIP   |  |
| TITLE   | CD <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | GORMAN, LEON R                               | NAME  |  |
| STREET ADDRESS  | 1420 BRANCHWATER CIRCLE                      | STREET ADDRESS  |  |
| CITY-ST-ZIP   | BRIMINGHAM, AL 35216                         | CITY-ST-ZIP   |  |
| TITLE   | D <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | GORMAN, RANDY                                | NAME  | <i>Gip Plott</i>   |
| STREET ADDRESS  | 3613 MOUNTAIN LANE                           | STREET ADDRESS  | <i>1407 Morningside Dr.</i>  |
| CITY-ST-ZIP   | MOUNTAIN BROOK, AL 35213                     | CITY-ST-ZIP   | <i>Birmingham, AL 35213</i>  |
| TITLE   | D <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | WHITEHEAD, LARRY                             | NAME  |  |
| STREET ADDRESS  | 2528 DOLLY RIDGE ROAD                        | STREET ADDRESS  |  |
| CITY-ST-ZIP   | BIRMINGHAM, AL 35243                         | CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  | NAME  |  |
| STREET ADDRESS  |  | STREET ADDRESS  |  |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |  |
| 12. I hereby certify that the information supplied with 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 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: <i>Vickey Reasonover</i>   |  | Date: <i>4/4/05</i>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Daytime Phone #: <i>205-836-2313</i>  |  |