

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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|---|--------------------------|--|---|--|----------|
| DOCUMENT # F02000005777 1. Entity Name CONFEDERATED EMPLOYERS & BENEFITS COMPANY, INC. | | | | | 90114519 |
| Principal Place of Business 600 VESTAVIA PARKWAY, SUITE 160 BIRMINGHAM, AL 35216 | | Mailing Address 600 VESTAVIA PARKWAY, SUITE 160 BIRMINGHAM, AL 35216 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Zip | | 4. FEI Number 63-1116312 | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BUSINESS FILINGS INCORPORATED 1000 WEST AVENUE, SUITE 1114 MIAMI BEACH, FL 33139 | | | | Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>(Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent's signature required when withdrawing))</small> | | | | | |
| FILE NOW!!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 6TH 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 type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GORMAN, RANDY | | NAME | | |
| STREET ADDRESS | 3613 MOUNTAIN LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MOUNTAIN BROOK, AL 36213 | | CITY-ST-ZIP | | |
| 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)(1), 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: <u>Vickey Reasonover (Vickey Reasonover)</u> 4/28/03 2051979-9440 <small>SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #</small> | | | | | |

CR2E034 (10/02)