2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 441727

1. Entity Name
BUSINESS MEN'S INSURANCE, CORP.

Principal Place of Business	Mailing Address
1320 S DIXIE HIGHWAY SIXTH FLOOR CORAL GABLES, FL 33146 US	1320 S DIXIE HIGHWAY SIXTH FLOOR CORAL GABLES, FL 33146 US

DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1500697
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, ROSARIO P
1320 DIXIE HIGHWAY
SIXTH FLOOR
CORAL GABLES, FL 33146

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 _____ 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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	SIERRA, ANTONIO M
STREET ADDRESS	1320 S DIXIE HWY SIXTH FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	SVPD
NAME	DE ARMAS, ELOY
STREET ADDRESS	1320 S DIXIE HIGHWAY SIXTH FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	STD
NAME	DUNCAN, ROSARIO P
STREET ADDRESS	1320 S DIXIE HIGHWAY SIXTH FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	PD
NAME	SIERRA, ANTHONY
STREET ADDRESS	1320 S DIXIE HIGHWAY SIXTH FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VP
NAME	MALATS, ALBERTO
STREET ADDRESS	1320 S DIXIE HIGHWAY SIXTH FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VP
NAME	SANCHEZ, MIGUEL A
STREET ADDRESS	1320 S. DIXIE HWY. 6TH FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146

U00000392183
01/24/06-80071-023 150.00

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: _____ Rosario P Duncan 1/16/06 305668-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #