

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90055 025 \*\*\*150.00

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01062005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 810260</b>			
1. Entity Name <b>UNION BANKERS INSURANCE COMPANY</b>			
Principal Place of Business <b>600 COURTLAND ST. SUITE 400 ORLANDO, FL 32804-1352 US</b>		Mailing Address <b>PO BOX 4955 ORLANDO, FL 32802-4955 US</b>	
2. Principal Place of Business <b>1001 Heathrow Park Lane</b>		3. Mailing Address <b>PO Box 958465</b>	
Suite, Apt. #, etc. <b>5001</b>		Suite, Apt. #, etc.	
City & State <b>Lake Mary, FL</b>		City & State <b>Lake Mary, FL</b>	
Zip <b>32746</b>	Country <b>USA</b>	Zip <b>32795-8465</b>	Country <b>USA</b>
4. FEI Number <b>75-0860066</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	DPC BRYANT, GARY W 600 COURTLAND STREET ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P C Bryant, Gary W 1001 Heathrow Park Lane, Ste. 5001 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVT GRAY, DONALD M 600 COURTLAND STREET ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVP T Gray, Donald M 1001 Heathrow Park Lane, Ste 5001 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP COLLIFLOWER, MICHAEL A 600 COURTLAND STREET ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVP S Colliflower, Michael A. 1001 Heathrow Park Lane, Ste 5001 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BAKER, JANICE 600 COURTLAND STREET ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Baker, Janice 1001 Heathrow Park Lane, Ste 5001 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COCHRANE, CARL L 600 COURTLAND STREET ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cochrane, Carl L 1001 Heathrow Park Lane, Ste 5001 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP WAEGELEIN, ROBERT A 600 COURTLAND STREET ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVP Waegelein, Robert A. 6 International Drive, Ste 190 Rye Brook, NY 10573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Janice Baker</u> , Janice Baker, Asst. Secretary 12/1/05 407628776 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 88684			