## 2007 FOR PROFIT CORPORATION ANNUAL REPORT SECRETARY OF

DOCUMENT # 810260  1. Entity Name UNION BANKERS INSURANCE COMPANY								DIVIŠI ©7 SE	ON OF C	Y OF STATE CORPORATIO PH 4: 16	MS ,		
Principal Place of Business 1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746 US			Mailing Address PO BOX 958465 LAKE MARY, FL 32795-8465 US			1 186161 1811	11 11 <b>5</b> 11 <b>9</b> 511 <b>0</b> 11	<b>116                                   </b>	11611 <b>2</b> 1611 516H CLOU 6	1811. <b>81</b> 81	E S L (1)   1 E S		
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07092007	Chg-	.P	CR2E034 (12	/06)		
City & State			City & State				4. FEI Numb					plied For t Applicable	
Zip		Country	Zip Cour		ntry		5. Certificate	of Status I	Desired	□ \$8.7			
	and Address of Current				7. Name and	l Address	of New Re	gistered Agent					
						Name							
P O BOX 6					Street Address (P.O. Box Number is Not Acceptable)								
200 E. GAI	INES ST				<u> </u>								
TALLAHAS	SSEE, FL	32399-0000						<del> </del>	<del></del>				
					City					FL Zip	o Code	•	
		y submits this statement to	r the purpose of changin	g its register	ed office or	register	ed agent, or bo	oth, in the S	tate of Flor	ida. I am familiar	with,	and accept	
the obligations of registered agent.													
SIGNATURE 09/20/0701040018 **550.00													
Signature, typed or printed name of registered agent and talle if applicable (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOWILI FEE IS \$550.00  Due by September 14, 2007  9. Election Campaign Financing \$5.00 May Be Added to Fees													
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES	S TO OFFIC	CERS AND DIREC	STORS	SIN 11	
TITLE	DPC		☐ Delete	Ε	DZ.		20	OWK	□ Cr	ange	Addition		
NAME Street Address	BRYANT,	. GARY W ATHROW PARK LANE	SUITE 5001	ME EET ADDRESS		$\mathcal{W}^{\prime}$	390		ar. Lnt	57	100		
CITY-ST-ZIP		RY, FL 32746	00112 0001	Y-ST-ZIP	100	1/2 1/A	4110	5 3	2746				
TITLE	DSVT		Delete	E	<del>_ Е</del> &			100		nange	Addition		
NAME	GRAY, D		1	NA).		216A	W( / D-	pu	1701	DEND!	Ş.		
STREET ADDRESS CITY-ST-ZIP	ì	ATHROW PARK LANE RY, FL 32746	SUITE 5001		eet address Y-st-zip	1001	Heath	$\omega \omega$	Paul	L GO	$\mathcal{U}_{\mathcal{C}}$	1001	
TITLE	DSVP	TITL	.E	U		<del>NUV</del>	1		nange	Addition			
NAME STREET ADDRESS	CUSHMA	NAN	AE EET ADDRESS			_							
CITY-ST-ZIP													
TITLE	AS		Delete	TITL	£			***		□ c≀	iange	☐ Addition	
NAME	BAKER, JANICE												
STREET ADDRESS CITY-ST-ZIP													
TITLE	VP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Delete	TITL							 lange	Addition	
NAME	COCHRANE, CARL L				Æ						•		
STREET ADDRESS CITY-ST-ZIP													
TITLE	DSVP	HII, FL 32/40	Delete	THE	Y-ST-ZIP		i		1 -		10000	☐ Addition	
NAME		EIN, ROBERT A	L. Delete	NAM.					1	니다	ange	☐ ¥60800	
STREET ADDRESS						14	5 UI	171	107			Ì	
CITY-ST-ZIP		OOK, NY 10573			Y-ST-ZIP		<u> </u>	I = I I	וטו				
12. I hereby certify that the information supplied with this tiling 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 the additional content of the corporation or the receiver or trustee empowers to a recute 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 a state of the corporation of the receiver or trustee empowered.													
SIGNAT	URE: _	ENTRATION THE WARE	PRINTED NAME OF SIGNING OF		*YOR					<u> </u>			