2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#810260

Entity Name: UNION BANKERS INSURANCE COMPANY

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1001 HEATHROW PARK LANE **SUITE 5001** LAKE MARY, FL 32746 **New Mailing Address: Current Mailing Address:** PO BOX 958465 LAKE MARY, FL 327958465 US FEI Number: 75-0860066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition Name: BRYANT, GARY W Name: 1001 HEATHROW PARK LANE SUITE 5001 Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: DSVT Title: DEVP Title: () Delete (X) Change () Addition Name: SQUAROK, JOHN Name: SQUAROK, JOHN 1001 HEATHROW PARK LANE SUITE 5001 1001 HEATHROW PARK LANE SUITE 5001 Address: Address: LAKE MARY, FL 32746 LAKE MARY, FL 32746 City-St-Zip: City-St-Zip: Title: **DEVS** Title: (X) Change () Addition () Delete DEVP NATTAR, STEVEN B NAJJAR, STEVEN B Name: Name: 1001 HEATHROW PARK LANE SUITE 5001 1001 HEATHROW PARK LANE SUITE 5001 Address: Address: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition COCHRANE, CARL L COCHRANE, CARL L Name: Name: Address: 1001 HEATHROW PARK LANE SUITE 5001 Address: 1001 HEATHROW PARK LANE SUITE 5001 City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746 Title: DSV Title: (X) Change () Addition () Delete Name: WAEGELEIN, ROBERT A Name: WAEGELEIN, ROBERT A

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

6 INTERNATIONAL DRIBE SUITE 190

RYE BROOK, NY 10573

SIGNATURE: STEVEN NAJJAR DEVP 01/26/2009

6 INTERNATIONAL DRIBE SUITE 190

RYE BROOK, NY 10573

Address: City-St-Zip: