


FORM 2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 17, 2007 08:00 A
Secretary of State

DOCUMENT # F02000005777

1. Entity Name
CONFEDERATED EMPLOYERS & BENEFITS COMPANY, INC.



Principal Place of Business 1100 E PARK DR 301 BIRMINGHAM, AL 35235	Mailing Address 1100 E PARK DR 301 BIRMINGHAM, AL 35235
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DO NOT WRITE IN THIS SPACE



05092007 No Chg-P CR2E034 (11/05)

4. FEI Number 63-116312	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
 1203 GOVERNORS SQUARE BLVD
 SUITE 101
 TALLAHASSEE, FL 32301-2960**

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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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$550.00
 Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOUSHEE, RAYMOND L 2412 5TH PLACE N.W. BIRMINGHAM, AL 35215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST REASONOVER, VICKEY 3056 QUEENSTOWN ROAD TRUSSVILLE, AL 35173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORMAN, LEON R 1420 BRANCHWATER CIRCLE BRIMINGHAM, AL 35216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLOTT, GIP 1407 MORNINGSIDE DR BIRMINGHAM, AL 35213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEHEAD, LARRY 2528 DOLLY RIDGE ROAD BIRMINGHAM, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000764803
 05/31/07-80011-019 550.00

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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: V Reasonover / Vicky Reasonover 5/15/07 205-836-2313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #