FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001968 (7)**

1. Corporation Name

EMPLOYER'S UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX B DECATUR AL 35602-9002	P.O. BOX B DECATUR AL 35602-9002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1993	3a. Date of Last Report: 05/24/1994
4. FEI Number: 63-1064649	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (If changing Registered Agent, New Registered Agent must sign here.) (Old Registered Agent must sign here if not changing.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
40 Title	PD	41 Title	☐ Change ☐ Addition
42 Name	NABORS, ROEL	42 Name	
43 Street Address	1423 MODAUS ROAD SW	43 Street Address	
44 City-St-Zip	DECATUR AL 35603	44 City-St-Zip	
45 Title	VPD	45 Title	☐ Change ☐ Addition
46 Name	NABORS, JONATHAN	46 Name	
47 Street Address	822 COOKS ROAD	47 Street Address	
48 City-St-Zip	MT. JULIET TN 37122	48 City-St-Zip	
49 Title	S	49 Title	S ☒ Change ☐ Addition
50 Name	DYAR, MELISSA BYARS	50 Name	WALLACE, CHRISTY WALLACE
51 Street Address	29 HARBOR VIEW COURT	51 Street Address	1602 BROOKRIDGE DR SW APT 111
52 City-St-Zip	DECATUR AL	52 City-St-Zip	DECATUR AL 35601
53 Title	TD	53 Title	T ☒ Change ☐ Addition
54 Name	PITT, PATRICIA	54 Name	GODWIN, CINDY
55 Street Address	163 COUNTY ROAD 517	55 Street Address	369 GORDON DR APT 23
56 City-St-Zip	MOULTON AL 35650	56 City-St-Zip	MOULTON AL 35650
57 Title		57 Title	☐ Change ☐ Addition
58 Name		58 Name	
59 Street Address		59 Street Address	
60 City-St-Zip		60 City-St-Zip	
61 Title		61 Title	☐ Change ☐ Addition
62 Name		62 Name	
63 Street Address		63 Street Address	
64 City-St-Zip		64 City-St-Zip	

14. I, the undersigned, certify that the information supplied with this report is absolutely furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roel Nabors 4/25/95 (205) 974-3914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0407404 FN