2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# F93000001968

Entity Name: EMPLOYER'S UNDERWRITERS, INC.

Current Principal Place of Business:

2412 GORDAN TERRY PKWY
DECATUR, AL 35601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX B
DECATUR, AL 356029002

New Mailing Address:

FEI Number: 63-1064649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: NABORS, ROEL
Address: 1423 MODAUS ROAD SW
City-St-Zip: DECATUR, AL 35603

Title: VPD ( ) Delete
Name: NABORS, JONATHAN
Address: 1007 FAIR MEADOW TRAIL
City-St-Zip: MT. JULIET, TN 37122

Title: S ( ) Delete
Name: CROSS, JANIE
Address: 96 KIMBERLY ST SE
City-St-Zip: DECATUR, AL 35603

Title: T ( ) Delete
Name: MONTGOMERY, SUSIE
Address: 2705 LEXINGTON AVE SW
City-St-Zip: DECATUR, AL 35603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ROEL NABORS PD 01/27/2005

Electronic Signature of Signing Officer or Director — Date