

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K15834

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: PROGRAM UNDERWRITERS, LIFE & HEALTH BENEFITS CORP.

**Current Principal Place of Business:**

1300 SAWGRASS CORPORATE PARKWAY  
SUITE 250  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

1300 SAWGRASS CORPORATE PARKWAY  
SUITE 250  
SUNRISE, FL 33323 US

**New Mailing Address:**

FEI Number: 65-0041635      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZISSELMAN, ARNOLD  
1300 SAWGRASS CORPORATE PARKWAY  
SUITE 250  
SUNRISE, FL 33323 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: BUTO, DONNA M  
Address: 5823 NW 119 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VPD ( ) Delete  
Name: BUTO, STEPHEN  
Address: 11184 LAKEVIEW DR  
City-St-Zip: CORAL SPGS, FL 33071

Title: ST ( ) Delete  
Name: ZISSELMAN, ARNOLD  
Address: 3931 NW 27 AVENUE  
City-St-Zip: BOCA RATON, FL 33434

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BUTO, DONNA M  
Address: 1992 PARKSIDE TERRACE  
City-St-Zip: MARGATE, FL 33063

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 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.

SIGNATURE: ARNOLD ZISSELMAN

ST

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date