


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90048 042 ***150.00

DOCUMENT # P97000029527	
1. Entity Name UNION PLANTERS INSURANCE AGENCY OF FLORIDA, INC.	

Principal Place of Business 9431 US HIGHWAY 19 PORT RICHEY, FL 34668	Mailing Address 810 CRESCENT CENTRE DR. - #300 NASHVILLE, TN 37220
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30005509

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01192005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0755413	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00. After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, JOHN V			NAME			
STREET ADDRESS	6200 POPLAR AVE			STREET ADDRESS			
CITY-ST-ZIP	MEMPHIS, TN 38119			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWRY, GARY T			NAME			
STREET ADDRESS	7130 GOODLETT FARMS PKEY			STREET ADDRESS			
CITY-ST-ZIP	CORDOVA, TN 38018			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YEAGER, MARGARET A			NAME			
STREET ADDRESS	810 CRESCENT CENTRE DRIVE, SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	FRANKLIN, TN 37067			CITY-ST-ZIP			
TITLE	C	<input checked="" type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITE, JOHN V			NAME	Linda Martinez		
STREET ADDRESS	6200 POPLAR AVE			STREET ADDRESS	810 Crescent Centre Dr. #400		
CITY-ST-ZIP	MEMPHIS, TN 38119			CITY-ST-ZIP	FRANKLIN, TN 37067		
TITLE	EVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEARMAN, CHARLES I			NAME			
STREET ADDRESS	810 CRESCENT CENTRE DR SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	FRANKLIN, TN 37067			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Margaret A. Yeager 1/20/05 615-377-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

#P97000029227
50005509

PFIC AGENCIES

AND

UNION PLANTERS INSURANCE AGENCIES OFFICERS

AGENCY DIRECTORS

CHARLES I. PEARMAN 810 Crescent Centre Drive, Suite 300, Franklin TN 37067

MARGARET A. YEAGER 810 Crescent Centre Drive, Suite 300, Franklin TN 37067

AGENCY OFFICERS

MARGARET A. YEAGER, President 810 Crescent Centre Dr., Suite 300, Franklin TN 37067

CHARLES I. PEARMAN, Executive Vice President 810 Crescent Centre Dr., Suite 300, Franklin TN 37067

RANDY E. BUTLER, Treasurer 810 Crescent Centre Dr., Suite 300, Franklin TN 37067

LINDA L MARTINEZ, Secretary 810 Crescent Centre Dr., Suite 300, Franklin TN 37067

GARY T. LOWRY, Assistant Secretary 7130 Goodlett Farms Pkwy, Cordova TN 38018