

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000029527

FILED
Mar 27, 2006
Secretary of State

Entity Name: UNION PLANTERS INSURANCE AGENCY OF FLORIDA, INC.

Current Principal Place of Business:

9431 US HIGHWAY 19
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

810 CRESCENT CENTRE DR. - #300
NASHVILLE, TN 37220

New Mailing Address:

FEI Number: 65-0755413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: AS () Delete
Name: LOWRY, GARY T
Address: 7130 GOODLETT FARMS PKEY
City-St-Zip: CORDOVA, TN 38018

Title: D () Delete
Name: YEAGER, MARGARET A
Address: 810 CRESCENT CENTRE DRIVE, SUITE 300
City-St-Zip: FRANKLIN, TN 37067

Title: S () Delete
Name: MARTINEZ, LINDA
Address: 810 CRESCENT CENTRE DR #400
City-St-Zip: FRANKLIN, TN 37067

Title: EVP () Delete
Name: PEARMAN, CHARLES I
Address: 810 CRESCENT CENTRE DR SUITE 300
City-St-Zip: FRANKLIN, TN 37067

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 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: MARGARET A. YEAGER

D

03/27/2006

Electronic Signature of Signing Officer or Director

Date