2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# P98000003272

Entity Name: SUPPLEMENTAL INSURANCE, INC.

Current Principal Place of Business:

1877 KINSMERE DR
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

1877 KINSMERE DR
TRINITY, FL 34655

New Mailing Address:

FEI Number: 59-3504516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAVES, JERRY
5315 DAWN LN
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

GRAVES, JERRY
1877 KINSMERE DR
TRINITY, FL 34655 US

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: 04/20/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GRAVES, JERRY
Address: 5315 DAWN LN
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GRAVES, JERRY
Address: 1877 KINSMERE DR
City-St-Zip: TRINITY, FL 34655

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: JERRY GRAVES PD 04/20/2005
Electronic Signature of Signing Officer or Director — Date