

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