

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K15834

**FILED**  
**Feb 04, 2016**  
**Secretary of State**  
**CC2351588773**

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

**Current Principal Place of Business:**

10051 NW 1ST COURT  
PLANTATION, FL 33324

**Current Mailing Address:**

10051 NW 1ST COURT  
PLANTATION, FL 33324 US

**FEI Number: 65-0041635**

**Certificate of Status Desired: No**

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

ZISSELMAN, ARNOLD  
10051 NW 1ST COURT  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BUTO, DONNA M  
Address 10051 NW 1ST COURT  
City-State-Zip: PLANTATION FL 33324

Title VPD  
Name BUTO, STEPHEN  
Address 10051 NW 1ST COURT  
City-State-Zip: PLANTATION FL 33324

Title ST  
Name ZISSELMAN, ARNOLD  
Address 10051 NW 1ST COURT  
City-State-Zip: PLANTATION FL 33324

*I hereby 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 all other like empowered.*

**SIGNATURE: ARNOLD ZISSELMAN**

**SECRETARY**

**02/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date