

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000003879 (2)
 1. Corporation Name
PREFERRED AMERICA INSURANCE COMPANY



Principal Place of Business: **830 NORTH MEACHAM ROAD, SCHAUMBURG IL 60173-4900**
 Mailing Address: **830 NORTH MEACHAM ROAD, SCHAUMBURG IL 60173-4922**

| | | | | | |
|--------------------------------|--|-------------------------------|--|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 1111 Ashworth Road | | 26 1111 Ashworth Road | | 08/11/1995 | 05/01/1996 |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 23 West Des Moines, IA | | 27 West Des Moines, IA | | 36-3230348 | Not Applicable |
| 24 50265-3538 | | 29 50265-3538 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 USA | | 30 USA | | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 West Des Moines, IA | | 28 West Des Moines, IA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 24 50265-3538 | | 29 50265-3538 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 CAPITOL
 TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

| | | | | |
|---------|---|----|---------|-------------|
| B1 Name | B2 Street Address (P.O. Box Number is Not Acceptable) | B3 | B4 City | B5 Zip Code |
| | | | | FL |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---------------------------------------|
| TITLE | P | 1.1 TITLE | President, Director |
| NAME | HANSEN, DARRYL D. | 1.2 NAME | |
| STREET ADDRESS | 2085 S. 4TH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST DES MOINES IA | 1.4 CITY-ST-ZIP | |
| TITLE | DST | 2.1 TITLE | Director |
| NAME | VANDERAH, PHIL | 2.2 NAME | |
| STREET ADDRESS | 1111 ASHWORTH ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST DES MOINES IA 50265 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | Treasurer |
| NAME | FORD, DONALD J | 3.2 NAME | Dennis R. Carney |
| STREET ADDRESS | 830 N. MEACHAM ROAD | 3.3 STREET ADDRESS | 1111 Ashworth Road |
| CITY-ST-ZIP | SCHAUMBURG IL 60173 | 3.4 CITY-ST-ZIP | West Des Moines, IA 50265-3538 |
| TITLE | V | 4.1 TITLE | UP, Director |
| NAME | BRANNON, JUDY | 4.2 NAME | Janice K. Beckstrom |
| STREET ADDRESS | 1111 ASHWORTH ROAD | 4.3 STREET ADDRESS | 1111 Ashworth Road |
| CITY-ST-ZIP | WEST DES MOINES IA 50265 | 4.4 CITY-ST-ZIP | West Des Moines, IA 50265-3538 |
| TITLE | D | 5.1 TITLE | UP, Secretary |
| NAME | CHRISTENSEN, W. BOYD | 5.2 NAME | Thomas C. Farr |
| STREET ADDRESS | 830 N. MEACHAM ROAD | 5.3 STREET ADDRESS | 1111 Ashworth Road |
| CITY-ST-ZIP | SCHAUMBURG IL 60173 | 5.4 CITY-ST-ZIP | West Des Moines, IA 50265-3538 |
| TITLE | D | 6.1 TITLE | |
| NAME | JAHNS, ADAM A | 6.2 NAME | |
| STREET ADDRESS | 830 N. MEACHAM ROAD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | SCHAUMBURG IL 60173 | 6.4 CITY-ST-ZIP | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dennis R. Carney* 3-31-97 515-268-5000

CP2E034 (9/96)