

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

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000003879 (2)**  
 1. Corporation Name  
**PREFERRED AMERICA INSURANCE COMPANY**



Principal Place of Business <b>1111 ASHWORTH RD                  WEST DES MOINES IA 50265-3538                  US</b>	Mailing Address <b>1111 ASHWORTH ROAD                  WEST DES MOINES IA 50265-3538                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/11/1995</b>	
21		26		4. FEI Number <b>36-3230348</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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

81 Name <b>Richard G. Wack</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>20 North Orange Avenue</b>
83
84 City <b>Orlando</b>
85 Zip Code <b>FL 32802</b>

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 *[Signature]* DATE **April 23, 98**

Signature, printed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>HANSEN, DARRYL D.</b>	
STREET ADDRESS	<b>2065 S. 4TH STREET</b>	
CITY-ST-ZIP	<b>WEST DES MOINES IA</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>VANDERAH, PHIL</b>	
STREET ADDRESS	<b>1111 ASHWORTH ROAD</b>	
CITY-ST-ZIP	<b>WEST DES MOINES IA</b>	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARNEY, DENNIS R</b>	
STREET ADDRESS	<b>1111 ASHWORTH RD</b>	
CITY-ST-ZIP	<b>WEST DES MOINES IA</b>	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	<b>BECKSTROM, JANICE K</b>	
STREET ADDRESS	<b>1111 ASHWORTH RD</b>	
CITY-ST-ZIP	<b>WEST DES MOINES IA</b>	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	<b>FARR, THOMAS C</b>	
STREET ADDRESS	<b>1111 ASHWORTH RD</b>	
CITY-ST-ZIP	<b>WEST DES MOINES IA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>1111 Ashworth Road</b>	
1.4 CITY-ST-ZIP	<b>West Des Moines, IA 50265-3538</b>	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Glenn L. Ballew</b>	
2.3 STREET ADDRESS	<b>1111 Ashworth Road</b>	
2.4 CITY-ST-ZIP	<b>West Des Moines, IA 50265-3538</b>	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Douglas K. Howell</b>	
3.3 STREET ADDRESS	<b>1111 Ashworth Road</b>	
3.4 CITY-ST-ZIP	<b>West Des Moines, IA 50265-3538</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	<b>West Des Moines, IA 50265-3538</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *[Signature]* **Douglas K. Howell** **4-22-98** **515-267-5000**

CR2E034 (10/97)