


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90163 049 \*\*\*150.00

<b>DOCUMENT # F97000001821</b>			
1. Entity Name <b>EMPLOYERS PREFERRED CORPORATION</b>			
Principal Place of Business 26877 NORTHWESTERN HIGHWAY, #305 SOUTHFIELD, MI 48034-8417		Mailing Address C/O NFP 787 SEVENTH AVENUE, 49TH FLOOR NEW YORK, NY 10019 US	
2. Principal Place of Business		3. Mailing Address <i>#16 NFP 500 W. Madison St</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 2400</i>	
City & State		City & State <i>Chicago, IL</i>	
Zip	Country	Zip	Country
		<i>60661</i>	<i>USA</i>
4. FEI Number <b>38-3301442</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, TIMOTHY R	NAME	
STREET ADDRESS	26877 NORTHWESTERN HIGHWAY, #305	STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD, MI 480348417	CITY-ST-ZIP	
TITLE	TSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, SUZANNE G	NAME	
STREET ADDRESS	26877 NORTHWESTERN HIGHWAY, #305	STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD, MI 480348417	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JOSEPH D	NAME	
STREET ADDRESS	26877 NORTHWESTERN HIGHWAY, #305	STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD, MI 480348417	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEISER, LORI	NAME	
STREET ADDRESS	500 W. MADISON, STE 3650 2400	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60661	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCCARO, ROBERT	NAME	
STREET ADDRESS	787 SEVENTH AVENUE, 49TH FL 1100 FL.	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, DOUGLAS	NAME	<i>Hinkson, Malika</i>
STREET ADDRESS	787 SEVENTH AVENUE, 49TH FL	STREET ADDRESS	<i>787 Seventh Ave, 11th Floor</i>
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	<i>New York, NY 10019</i>
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Lori M. Lieser</i>		Date	<i>4-21-05</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>312-985-5700</i>	

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