

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001821

FILED
Apr 25, 2008
Secretary of State

Entity Name: EMPLOYERS PREFERRED CORPORATION

Current Principal Place of Business:

26877 NORTHWESTERN HIGHWAY, #305
SOUTHFIELD, MI 480348417

New Principal Place of Business:

Current Mailing Address:

C/O NFP
500 W MADISON ST STE 2400
CHICAGO, IL 60661 US

New Mailing Address:

FEI Number: 38-3301442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BELL, TIMOTHY R
Address: 26877 NORTHWESTERN HIGHWAY, #305
City-St-Zip: SOUTHFIELD, MI 480348417

Title: TSD () Delete
Name: KELLY, SUZANNE G
Address: 26877 NORTHWESTERN HIGHWAY, #305
City-St-Zip: SOUTHFIELD, MI 480348417

Title: DC () Delete
Name: KELLY, JOSEPH D
Address: 26877 NORTHWESTERN HIGHWAY, #305
City-St-Zip: SOUTHFIELD, MI 480348417

Title: V () Delete
Name: LEISER, LORI
Address: 500 W MADISON STE 2400
City-St-Zip: CHICAGO, IL 60661

Title: D () Delete
Name: ZUCCARO, ROBERT
Address: 787 SEVENTH AVE 11TH FL
City-St-Zip: NEW YORK, NY 10019

Title: V () Delete
Name: HINKSON, MALIKA
Address: 787 SEVENTH AVE 11TH FL
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KELLY, JOSEPH D
Address: 26877 NORTHWESTERN HIGHWAY, #305
City-St-Zip: SOUTHFIELD, MI 480348417

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LORI M. LIESER

VP

04/25/2008

Electronic Signature of Signing Officer or Director

Date