

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001821

FILED  
May 01, 2012  
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

## OFFICERS AND DIRECTORS:

Title: P  
Name: BELL, TIMOTHY R  
Address: 26877 NORTHWESTERN HIGHWAY, #305  
City-St-Zip: SOUTHFIELD, MI 480348417

Title: TS  
Name: ROSE, KATY  
Address: 26877 NORTHWESTERN HIGHWAY, #305  
City-St-Zip: SOUTHFIELD, MI 480348417

Title: D  
Name: HINKSON, MALIKA S  
Address: 340 MADISON AVENUE, 20TH FLOOR  
City-St-Zip: NEW YORK, NY 10173

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

Title: D  
Name: SCHNEIDER, BRETT  
Address: 340 MADISON AVENUE, 20TH FLOOR  
City-St-Zip: NEW YORK, NY 10173

Title: D  
Name: O'MALLEY, EDWARD  
Address: 1250 CAPITAL OF TEXAS HWY S  
City-St-Zip: AUSTIN, TX 78746

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: LORI M. LIESER

VP

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date