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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 812596 (5)

1. Corporation Name
PREFERRED RISK MUTUAL INSURANCE COMPANY



Principal Place of Business: 1111 ASHWORTH RD W DES MOINES IA 50265
Mailing Address: 1111 ASHWORTH RD W DES MOINES IA 50265

3. Date Incorporated or Qualified: 03/01/1958
3a. Date of Last Report: 05/01/1995
4. FEI Number: 42-0645088
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29

9. Name and Address of Current Registered Agent: STATE TREASURER & INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 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: _____ DATE: _____
Signature: typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: PLUNK, ROBERT M. STREET ADDRESS: 1111 ASHWORTH RD CITY-ST-ZIP: W DES MOINES, IA 00000	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: President 1.2 NAME: Hansen, Darryl D. 1.3 STREET ADDRESS: 2065 South 4th Street 1.4 CITY-ST-ZIP: West Des Moines, IA 50265
TITLE: VD	NAME: JACK, KELLEY STREET ADDRESS: 1111 ASHWORTH RD CITY-ST-ZIP: W DES MOINES, IA 00000	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: CRAIN, MICHAEL LEROY STREET ADDRESS: 14032 LAKEVIEW DR. CITY-ST-ZIP: CLIVE IA	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: Treasurer 3.2 NAME: Carney, Dennis Ray 3.3 STREET ADDRESS: 1435 04th Street 3.4 CITY-ST-ZIP: Des Moines, IA
TITLE: T	NAME: VANDERAH, PHILIP V. STREET ADDRESS: 1111 ASHWORTH RD CITY-ST-ZIP: W DES MOINES, IA 00000	<input type="checkbox"/> DELETE	4.1 TITLE: Secretary 4.2 NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: SHELTON, VERNON R. STREET ADDRESS: 1111 ASHWORTH RD CITY-ST-ZIP: W DES MOINES, IA 00000	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: HENSLEY, CHAD L. STREET ADDRESS: 1111 ASHWORTH RD CITY-ST-ZIP: WEST DES MOINES IA	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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* Date: 4-24-96 Daytime Phone #: 515-267-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)