

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

FILED

**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 50265-3544
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/01/1958	3a. Date of Last Report 05/01/1996
21 Suite, Apt #, etc	26 Suite, Apt #, etc	4. FEI Number 42-0645088	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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 (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President + Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, DARRYL D	1.2 NAME	
STREET ADDRESS	2065 SOUTH 4TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	W DES MOINES, IA 00000	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK, KELLEY	2.2 NAME	Jenice K. Beckstrom
STREET ADDRESS	1111 ASHWORTH RD	2.3 STREET ADDRESS	1111 Ashworth Road
CITY-ST-ZIP	W DES MOINES, IA 00000	2.4 CITY-ST-ZIP	West Des Moines, IA 50265-3538
TITLE	T DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, DENNIS R	3.2 NAME	
STREET ADDRESS	1435 41ST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLIVE IA	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	Vice President, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANDERAH, PHILIP V.	4.2 NAME	Thomas C. Farr
STREET ADDRESS	1111 ASHWORTH RD	4.3 STREET ADDRESS	1111 Ashworth Road
CITY-ST-ZIP	W DES MOINES, IA 00000	4.4 CITY-ST-ZIP	West Des Moines, IA 50265-3538
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, VERNON R.	5.2 NAME	
STREET ADDRESS	1111 ASHWORTH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	W DES MOINES, IA 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Dennis R. Carney* **SIGNATURE REQUIRED** **331-97** **SIS-267-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)