

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

FILED
May 07 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|-----------|--|-----------|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/01/1958 | |
| 21 | 22 | 26 | 27 | 4. FEI Number 42-0645088 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State West Des Moines, IA | | City & State West Des Moines, IA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | 25 | 29 | 30 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Zip | Country | Zip | Country | | |
| 50265-3538 | US | 50265-3538 | US | | |

| | | | | | | |
|---|--|--|--|--|--------------------------------|--|
| 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 Richard G. Wack | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 20 North Orange Avenue | | |
| | | | | 83 | | |
| | | | | 84 City Orlando | 85 Zip Code FL 32802 | |

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: *Richard G. Wack* DATE: **April 23, 98**

Signature type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HANSEN, DARRYL D | | 1.2 NAME | |
| STREET ADDRESS 2085 SOUTH 4TH STREET | | 1.3 STREET ADDRESS 1111 Ashworth Road | |
| CITY-ST-ZIP W DES MOINES, IA 00000 | | 1.4 CITY-ST-ZIP West Des Moines, IA 50265-3538 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP | <input type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME BECKSTROM, JANICE | | 2.2 NAME | |
| STREET ADDRESS 1111 ASHWORTH RD | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP W DES MOINES, IA 00000 | | 2.4 CITY-ST-ZIP West Des Moines, IA 50265-3538 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE T | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME CARNEY, DENNIS R | | 3.2 NAME Douglas K. Howell | |
| STREET ADDRESS 1435 41ST STREET | | 3.3 STREET ADDRESS 1111 Ashworth Road | |
| CITY-ST-ZIP CLIVE IA | | 3.4 CITY-ST-ZIP West Des Moines, IA 50265-3538 | |
| TITLE VPS | <input type="checkbox"/> DELETE | 4.1 TITLE S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME FARR, THOMAS C. | | 4.2 NAME | |
| STREET ADDRESS 1111 ASHWORTH RD | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP W DES MOINES, IA 00000 | | 4.4 CITY-ST-ZIP West Des Moines, IA 50265-3538 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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: *D. K. Howell* **Douglas K. Howell** **4-22-98** **515-267-5000**

CR2E034 (10/97)