

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90889 041 \*\*\*150.00

**DOCUMENT # F00000007042**

1. Entity Name

**PREFERRED NATIONAL INSURANCE COMPANY**

Principal Place of Business

Mailing Address

**9201 FOREST HILL AVENUE, SUITE #200  
 RICHMOND VA 23225**

**9201 FOREST HILL AVENUE, SUITE #200  
 RICHMOND VA 23225**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0075940**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITOL BUILDING  
 TALLAHASSEE FL 32399**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **LATHAM, JOHN K**  
 STREET ADDRESS **9201 FOREST HILL AVENUE, SUITE #200**  
 CITY-ST-ZIP **RICHMOND VA 23235**

TITLE **VS** ☐ Delete  
 NAME **DESCH, EDWARD**  
 STREET ADDRESS **9201 FOREST HILL AVENUE, SUITE #200**  
 CITY-ST-ZIP **RICHMOND VA 23235**

TITLE **D** ☐ Delete  
 NAME **WATSON, MARK E III**  
 STREET ADDRESS **10101 REUNION PLACE, STE 8000**  
 CITY-ST-ZIP **SAN ANTONIO TX 78216**

TITLE **D** ☐ Delete  
 NAME **WHAUSHILL, MARK W**  
 STREET ADDRESS **10101 REUNION PLACE, STE 8000**  
 CITY-ST-ZIP **SAN ANTONIO TX 78216**

TITLE **D** ☐ Delete  
 NAME **YEDINY, JOHN**  
 STREET ADDRESS **654 MAIN STREET**  
 CITY-ST-ZIP **ROCKWOOD PA 15557-1098**

TITLE **V** ☐ Delete  
 NAME **EARHART, STEVEN P**  
 STREET ADDRESS **9201 FOREST HILL AVE, STE 200**  
 CITY-ST-ZIP **RICHMOND VA 23235**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☒ Change ☐ Addition  
 NAME **D Mark E Watson, III**  
 STREET ADDRESS **10101 Reunion Place, Suite 800**  
 CITY-ST-ZIP **SAN Antonio, TX 78216**

TITLE ☒ Change ☐ Addition  
 NAME **DT Mark W. Haushill**  
 STREET ADDRESS **10101 Reunion Place, Suite 800**  
 CITY-ST-ZIP **SAN Antonio, TX 78216**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Steven P. Earhart*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-02

804-321-1759

CR2E034 (9/01)

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