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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
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DOCUMENT # F94000003280 (4)

1. Corporation Name

PREFERRED RISK FINANCIAL, INC.

Principal Place of Business

1111 ASHWORTH RD.  
WEST DES MOINES IA 50265

Mailing Address

1111 ASHWORTH RD.  
WEST DES MOINES IA 50265

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1994	
21		26		4. FEI Number 42-1409998	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23		28			
Zip	Country	Zip	Country		
24	50265-3538	25	US	29	50265-3538
30	US				

9. Name and Address of Current Registered Agent

SUMNER, VIRGINIA  
8900 N. ARMENIA  
SUITE 302  
TAMPA FL 33604

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

Signature of person printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

Print 23, 98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	D
NAME	PLUNK, ROBERT M	1.2 NAME	
STREET ADDRESS	1111 ASHWORTH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA	1.4 CITY-ST-ZIP	West Des Moines, IA 50265-3538
TITLE	VPSC	2.1 TITLE	V/S
NAME	FARR, THOMAS C	2.2 NAME	
STREET ADDRESS	1111 ASHWORTH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA	2.4 CITY-ST-ZIP	West Des Moines, IA 50265-3538
TITLE	TD	3.1 TITLE	V/T
NAME	VANDERAH, PHIL	3.2 NAME	Douglas K. Howell
STREET ADDRESS	1111 ASHWORTH RD.	3.3 STREET ADDRESS	1111 Ashworth Road
CITY-ST-ZIP	WEST DES MOINES IA	3.4 CITY-ST-ZIP	West Des Moines, IA 50265-3538
TITLE	PD	4.1 TITLE	C
NAME	HANSEN, DARRYL D	4.2 NAME	
STREET ADDRESS	1111 ASHWORTH RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA	4.4 CITY-ST-ZIP	West Des Moines, IA 50265-3538
TITLE	VP	5.1 TITLE	
NAME	HUGHES, BRIAN J	5.2 NAME	
STREET ADDRESS	1111 ASHWORTH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	W DES MOINES IA	5.4 CITY-ST-ZIP	West Des Moines, IA 50265-3538
TITLE	VD	6.1 TITLE	
NAME	BALLEW, GLENN	6.2 NAME	
STREET ADDRESS	1111 ASHWORTH RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA	6.4 CITY-ST-ZIP	West Des Moines, IA 50265-3538

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 attached list with an address.

SIGNATURE:

Douglas K. Howell

4-22-98

515-267-5000

CR2E034 (10/97)