

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006827

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: PREFERRED PROFESSIONAL INSURANCE COMPANY

## Current Principal Place of Business:

10707 PACIFIC ST., #205  
OMAHA, NE 68114

## New Principal Place of Business:

## Current Mailing Address:

10707 PACIFIC ST., #205  
OMAHA, NE 68114

## New Mailing Address:

FEI Number: 47-0580977      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCKIVERGAN, TIMOTHY J  
Address: 10707 PACIFIC ST., #205  
City-St-Zip: OMAHA, NE 681144735

Title: VD ( ) Delete  
Name: O'CONNELL, JOHN  
Address: 6832 COVENT BLVD  
City-St-Zip: SYLVANIA, OH 43560

Title: TD ( ) Delete  
Name: FINLEY, RANDALL  
Address: ONE MEDICAL VILLAGE DR.  
City-St-Zip: EDGEWOOD, KY 41017

Title: SD ( ) Delete  
Name: MELFI, MITCH  
Address: 3900 OLYMPIC BLVD  
City-St-Zip: ERLANGER, KY 41018

Title: CD ( ) Delete  
Name: FERRON, KENNETH  
Address: 420 BEDFORD ST, #100  
City-St-Zip: LEXINGTON, MA 02420

Title: V ( ) Delete  
Name: MATZA, LYNNETTE M  
Address: 10707 PACIFIC ST. #205  
City-St-Zip: OMAHA, NE 68114

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNETTE M MATZA

V

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date