

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006827

FILED  
Mar 27, 2007  
Secretary of State

Entity Name: PREFERRED PROFESSIONAL INSURANCE COMPANY

## Current Principal Place of Business:

11605 MIRACLE HILLS DR, #200  
OMAHA, NE 681544467

## New Principal Place of Business:

11605 MIRACLE HILLS DRIVE  
SUITE 200  
OMAHA, NE 681544467

## Current Mailing Address:

11605 MIRACLE HILLS DR, #200  
OMAHA, NE 681544467

## New Mailing Address:

PO BOX 540658  
OMAHA, NE 681540658

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: 11605 MIRACLE HILLS DR, #200  
City-St-Zip: OMAHA, NE 681544467

Title: CD ( ) Delete  
Name: O'CONNELL, JOHN  
Address: 6832 CONVENT BLVD  
City-St-Zip: SYLVANIA, OH 435602891

Title: VD ( ) Delete  
Name: HAVLISCH, REBECCA A  
Address: 34605 WEST TWELVE MILE  
City-St-Zip: FARMINGTON HILLS, MI 483313221

Title: TD ( ) Delete  
Name: DENNIS, TAYLOR W  
Address: 4936 LAVERNA ROAD  
City-St-Zip: SPRINGFIELD, IL 627079797

Title: SD ( ) Delete  
Name: BLUM, WILLIAM H  
Address: 26 WEST 171 ROOSEVELT ROAD  
City-St-Zip: WHEATON, IL 60187

Title: V ( ) Delete  
Name: MATZA, LYNNETTE M  
Address: 11605 MIRACLE HILLS DR, #200  
City-St-Zip: OMAHA, NE 681544467

## 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 Chapter 119, 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

03/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date