

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006827

FILED  
Feb 12, 2010  
Secretary of State

Entity Name: PREFERRED PROFESSIONAL INSURANCE COMPANY

## Current Principal Place of Business:

11605 MIRACLE HILLS DRIVE  
SUITE 200  
OMAHA, NE 681544467

## New Principal Place of Business:

11605 MIRACLE HILLS DRIVE  
SUITE 200  
OMAHA, NE 681544467 US

## Current Mailing Address:

PO BOX 540658  
OMAHA, NE 681540658

## 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  
Name: MCKIVERGAN, TIMOTHY J  
Address: 11605 MIRACLE HILLS DR, #200  
City-St-Zip: OMAHA, NE 681544467

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

Title: VD  
Name: DEEMER, WILLIAM  
Address: 130 HIGHGROVE LN  
City-St-Zip: CHESTERFIELD, MO 630057114

Title: TD  
Name: WIDMAN, JERRY  
Address: 30914 KILGOUR DRIVE  
City-St-Zip: WESTLAKE, OH 44145

Title: SD  
Name: MUELLEMAN, ROBERT L  
Address: 981150 NEBRASKA MED CENTER  
City-St-Zip: OMAHA, NE 681981150

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

I hereby 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 all other like empowered.

SIGNATURE: LYNNETTE M MATZA

V

02/12/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date