

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135243

FILED
Apr 15, 2009
Secretary of State

Entity Name: PHYSICIANS PREFERRED INSURANCE COMPANY

Current Principal Place of Business:

9310 OLD KINGS RD. SOUTH, SUITE 702
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

9310 OLD KINGS RD. SOUTH, SUITE 702
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 27-0087259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER OF THE STATE OF FL
9310 OLD KINGS RD. SOUTH, SUITE 702
JACKSONVILLE, FL 32257 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: D () Delete
Name: CAPASSO, ANTHONY L
Address: 161 BEAR PEN RD.
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: D () Delete
Name: COHEN, MICHAEL J
Address: 933 LANCASTER DR.
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: GROVE, JEFFREY S
Address: 301 OSCEOLA RD.
City-St-Zip: BELLEAIR, FL 33756

Title: D () Delete
Name: HOROVITZ, ELLIOTT S
Address: 856 OLD GROVE MANOR
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: SEKINE, KENNETH M
Address: 2648 BEAULERC RD.
City-St-Zip: JACKSONVILLE, FL 32257

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:

I hereby certify that the information supplied with this filing does not qualify 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: ELLIOTT HOROVITZ

D

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date