

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000135243

**FILED**  
**Jun 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

**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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEOP (X) Change ( ) Addition  
Name: HOROVITZ, ELLIOTT S CEOPD  
Address: 856 OLD GROVE MANOR  
City-St-Zip: JACKSONVILLE, FL 32207

Title: SEVP (X) Change ( ) Addition  
Name: HOROVITZ, HOWARD B SEVP  
Address: 2977 BERNICE COURT  
City-St-Zip: JACKSONVILLE, FL 32257

Title: EVP (X) Change ( ) Addition  
Name: THORPE, KIM D EVP  
Address: 8282 RIDING CLUB ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VCFO (X) Change ( ) Addition  
Name: TAMAN, BRADLEY E VCFO  
Address: 1739 WALTON LAKE COURT  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: DC (X) Change ( ) Addition  
Name: SEKINE, KENNETH M DC  
Address: 2648 BEAULERC RD.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Change (X) Addition  
Name: CAPASSO, ANTHONY L D  
Address: 161 BEAR PEN RD.  
City-St-Zip: PONTE VEDRA BCH, FL 32082

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: BRADLEY E. TAMAN

VCFO

06/15/2009

Electronic Signature of Signing Officer or Director

Date