

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90038 013 ***158.75

DOCUMENT # P23457

1. Entity Name
ECONOMY PREFERRED INSURANCE COMPANY



Principal Place of Business
**500 ECONOMY COURT
FREEPORT, IL 61032**

Mailing Address
**700 QUAKER LANE
P.O. BOX 350
WARWICK, RI 02887 US**



03172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
36-3027848

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
P.O. BOX 6200
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COBP
MOORE, WILLIAM D
700 QUAKER LANE
WARWICK, RI 02886** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CAWLEY, CHRISTOPHER
700 QUAKER LANE
WARWICK, RI 02886** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TRAVERS, MAURA C
700 QUAKER LANE
WARWICK, RI 02886** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
WALSH, MICHAEL C
700 QUAKER LANE
WARWICK, RI 02886** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WILLIAMSON, ANTHONY J
27-01 QUEENS PLAZA NORTH
LONG ISLAND CITY, NY 11101** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FINCHUM, DARLA A
500 ECONOMY CT
FREEPORT, IL 61032** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**Treasurer
Eric T. Steigerwalt
27-01 Queens Plaza North
Long Island City, NY 11101**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ralph G. Spontak* **Ralph G. Spontak** April 10, 2008 (401) 827-3039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #