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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P31910** (3)

1. Corporation Name
PREFERRED ABSTAINERS INSURANCE COMPANY

Principal Place of Business
1111 ASHWORTH RD..
WEST DES MOINES IA 50265

Mailing Address
1111 ASHWORTH RD..
WEST DES MOINES IA 50265

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1990

4. FEI Number: 42-1206846 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 50265-3538 / 25 Country US	29 Zip 50265-3538 / 30 Country US

9. Name and Address of Current Registered Agent

STATE TREASURER & INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name: Richard G. Wack
82 Street Address (P.O. Box Number is Not Acceptable): 20 North Orange Avenue
83
84 City: Orlando FL 85 Zip Code: 32802

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] DATE April 23, 98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	C	☒ Change ☐ Addition
NAME	HANSEN, DARRYL D.		1.2 NAME		
STREET ADDRESS	2065 SOUTH 4TH ST.		1.3 STREET ADDRESS	1111 Ashworth Road	
CITY-ST-ZIP	W. DES MOINES IA		1.4 CITY-ST-ZIP	West Des Moines, IA 50265-3538	
TITLE	T	☒ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	CARNEY, DENNIS RAY		2.2 NAME	Douglas K. Howell	
STREET ADDRESS	1435 41ST STREET		2.3 STREET ADDRESS	1111 Ashworth Road	
CITY-ST-ZIP	DES MOINES IA		2.4 CITY-ST-ZIP	West Des Moines, IA 50265-3538	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BECKSTROM, JANICE K		3.2 NAME		
STREET ADDRESS	1111 ASHWORTH RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST DES MOINES IA		3.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	FARR, THOMAS C		4.2 NAME		
STREET ADDRESS	1111 ASHWORTH RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST DES MOINES IA		4.4 CITY-ST-ZIP	West Des Moines, IA 50265-3538	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Douglas K. Howell 4-22-98 515-267-5000