

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000032666

FILED
Mar 06, 2009
Secretary of State

Entity Name: CAPITOL PREFERRED INSURANCE COMPANY, INC.

Current Principal Place of Business:

2255 KILLEARN CENTER BLVD
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15339
TALLAHASSEE, FL 323175339 US

New Mailing Address:

FEI Number: 59-3499140

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: TSD () Delete
Name: MARTIN, KEITH E
Address: 6337 GLASGOW DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: BAKER, ALAN J
Address: 1310 17TH AVE SOUTH
City-St-Zip: BROOKINGS, SD 57006

Title: PD () Delete
Name: GRAGANELLA, JAMES A
Address: 2514 MILLSTONE PLANTATION RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: DIERUF, THOMAS A
Address: 11806 E. ARBOR DR.
City-St-Zip: LOUISVILLE, KY 40223

Title: D () Delete
Name: PATTERSON, JAMES A II
Address: 615 WILLOWHURST PLACE
City-St-Zip: LOUISVILLE, KY 40223

Title: D () Delete
Name: BUCHANAN, DONALD D
Address: 2223 WYNNEWOOD CIR
City-St-Zip: LOUISVILLE, KY 40222

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:

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: JAMES GRAGANELLA

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date