

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000032666

FILED  
Mar 08, 2011  
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

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: BAKER, ALAN J  
Address: 8768 BORTNEM BEACH ROAD  
City-St-Zip: VOLGA, SD 57071

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

Title: D  
Name: DIERUF, THOMAS A  
Address: 4013 WHITE BLOSSOM ESTATES  
City-St-Zip: LOUISVILLE, KY 40223

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES GRAGANELLA

PD

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date