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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **251653** **(2)**

1. Corporation Name
PREMIUM ASSIGNMENT CORPORATION

Principal Place of Business	Mailing Address
3522 THOMASVILLE RD. 4 FLOOR (32308) PO BOX 3066 TALLAHASSEE FL 32315-3066 US	P.O. BOX 3066 PO BOX 3066 TALLAHASSEE FL 32315 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1961

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-0994720 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SWEAT, JAMES R. III 3522 THOMASVILLE ROAD 4TH FLOOR TALLAHASSEE FL 32308	81 Name: Peter Kugelmann 82 Street Address (P.O. Box Number is Not Acceptable): 3522 Thomasville Rd, Ste 400 83 84 City: Tallahassee FL 85 Zip Code: 32308

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V P	☐ DELETE	1.1 TITLE	See Attachment	☐ Change ☐ Addition
NAME	LEE, KIMBERLY M.		1.2 NAME		
STREET ADDRESS	35222 THOMASVILLE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SWEAT, JAMES R. III		2.2 NAME		
STREET ADDRESS	3522 THOMASVILLE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STOUMBELIS, ANITA		3.2 NAME		
STREET ADDRESS	3522 THOMASVILLE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, LOWELL		4.2 NAME		
STREET ADDRESS	3522 THOMASVILLE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, JOHN		5.2 NAME		
STREET ADDRESS	3522 THOMASVILLE ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, GLENN		6.2 NAME		
STREET ADDRESS	3522 THOMASVILLE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		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: Anita Stoumbelis Anita Stoumbelis 850-893-1191 x322

Premium Assignment Corporation Officers

As of 04/01/98

Peter Kugelmann
President
336 Meadow Ridge
Tallahassee, FL 32312-1566
261-27-6347
Date of Birth: 09/11/54, Place of Birth: Olney, MD

Kimberly M. Lee
Secretary, Vice President - Accounting, Internal Control Officer
2616 Byron Circle
Tallahassee, FL 32308-3810
267-37-2063
Date of Birth: 08/12/64, Place of Birth: Gainesville, FL

Anita Stoumbelis
Vice President - Admin. Services
2439 Basswood Lane
Tallahassee, FL 32308-6283
261-27-6076
Date of Birth: 07/10/56, Place of Birth: Winston-Salem, NC

John Thomas
Vice President - Marketing
1430 Millstream Road
Tallahassee, FL 32312-2552
253-50-7249
Date of Birth: 02/09/37, Place of Birth: Macon, GA

Lowell Walker
Vice President - Collections & Customer Service
3505 Kilkenny Drive East
Tallahassee, FL 32308-3110
319-32-4335
Date of Birth: 01/05/39, Place of Birth: Chicago, IL

Sarah Meleney
Loan Officer
6738 Alan A Dale Trail
Tallahassee, FL 32308-1655
265-35-7263
Date of Birth: 01/07/61, Place of Birth: De Funiak Springs, FL