2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# 251653

Entity Name: PREMIUM ASSIGNMENT CORPORATION

Current Principal Place of Business:

3522 THOMASVILLE ROAD
SUITE 400
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3066
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 59-0994720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FARRIS, KELTON
3522 THOMASVILLE RD
SUITE 400
TALLAHASSEE, FL 32309 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:	VP	( ) Delete
Name:	LEE, KIMBERLY M.	
Address:	3522 THOMASVILLE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32309 US	
Title:	PRES	( ) Delete
Name:	KUGELMANN, PETER	
Address:	3522 THOMASVILLE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32309 US	
Title:	VP	( ) Delete
Name:	THOMAS, JOHN	
Address:	3522 THOMASVILLE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32309 US	
Title:	VP	( ) Delete
Name:	MELENEY, SARAH	
Address:	3522 THOMASVILLE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32309 US	
Title:	EVP	( ) Delete
Name:	ABBOTT, GAY O'NEAL	
Address:	303 PEACHTREE ST.	
City-St-Zip:	ATLANTA, GA 30308	
Title:	VP	( ) Delete
Name:	KLING, JOEL	
Address:	1721 SHADOWMOSS CIR.	
City-St-Zip:	LAKE MARY, FL 32746	

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: KIMBERLY LEE VP 04/02/2009

Electronic Signature of Signing Officer or Director — Date