

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 251653

**Entity Name:** PREMIUM ASSIGNMENT CORPORATION

**Current Principal Place of Business:**

3522 THOMASVILLE ROAD  
SUITE 400  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

3522 THOMASVILLE ROAD  
SUITE 400  
TALLAHASSEE, FL 32309 US

**FEI Number:** 59-0994720

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FARRIS, KELTON M  
3522 THOMASVILLE RD  
SUITE 400  
TALLAHASSEE, FL 32309 US

*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

**Officer/Director Detail :**

Title VP  
Name LEE, KIMBERLY  
Address 3522 THOMASVILLE ROAD  
SUITE 400  
City-State-Zip: TALLAHASSEE FL 32309

Title PRESIDENT  
Name KUGELMANN, PETER  
Address 3522 THOMASVILLE ROAD  
SUITE 400  
City-State-Zip: TALLAHASSEE FL 32309

*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:** KIMBERLY LEE

**SVP/FINANCE**

**04/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date