

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000053936

**Entity Name:** STATEWIDE PREMIUM FINANCE, INC.

**Current Principal Place of Business:**

1551 SAWGRASS CORPORATE PKWY STE 130  
SUNRISE, FL 33323

**Current Mailing Address:**

1551 SAWGRASS CORPORATE PKWY STE 130  
SUNRISE, FL 33323

**FEI Number:** 65-0516148

**Certificate of Status Desired:** No

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

RAICOVICH, MONIQUE  
1551 SAWGRASS CORPORATE PKWY STE 130  
SUNRISE, FL 33323 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 RAICOVICH, MONIQUE  
Address 1551 SAWGRASS CORPORATE  
PARKWAY  
SUITE 130  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR, PRESIDENT  
Name CAMBI, JOSEPH  
Address 1551 SAWGRASS CORPORATE  
PARKWAY  
SUITE 130  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name MARCUS, JAMES  
Address 1551 SAWGRASS CORPORATE  
PARKWAY  
SUITE 130  
City-State-Zip: SUNRISE FL 33323

*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:** MONIQUE RAICOVICH

**VICE PRESIDENT**

**01/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date