

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000053936

**FILED
Jan 20, 2015
Secretary of State
CC2610024155**

Entity Name: STATEWIDE PREMIUM FINANCE, INC.

Current Principal Place of Business:

2825 N UNIVERSITY DRIVE
SUITE 300
CORAL SPRINGS, FL 33065

Current Mailing Address:

2825 N UNIVERSITY DRIVE
SUITE 300
CORAL SPRINGS, FL 33065

FEI Number: 65-0516148

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FINKELSTEIN, MYRON H
2825 N UNIVERSITY DRIVE
SUITE 300
CORAL SPRINGS, FL 33065 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 PRESIDENT/TREASURER
Name SHAW, KAREN
Address 2825 N UNIVERSITY DRIVE
 SUITE 300
City-State-Zip: CORAL SPRINGS FL 33065

Title SECRETARY
Name RAICOVICH, MONIQUE
Address 2825 N UNIVERSITY DRIVE
 SUITE 300
City-State-Zip: CORAL SPRINGS FL 33065

Title VP
Name SAMMATARO, DEBORAH
Address ONE MONARCH PLACE
 SUITE 2510
City-State-Zip: SPRINGFIELD MA 01144

Title DIRECTOR
Name CAMBI, JOSEPH
Address ONE MONARCH PLACE
 SUITE 2510
City-State-Zip: SPRINGFIELD MA 01144

Title DIRECTOR
Name MARCUS, JAMES
Address ONE MONARCH PLACE
 SUITE 2510
City-State-Zip: SPRINGFIELD MA 01144

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: KAREN SHAW

PRESIDENT/TREASURER 01/20/2015

Electronic Signature of Signing Officer/Director Detail

Date