

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0200000267

**Entity Name:** CREDIT SUISSE PREMIUM FINANCE LLC

**FILED**  
**Apr 18, 2017**  
**Secretary of State**  
**CC9508080205**

**Current Principal Place of Business:**

11 MADISON AVENUE  
CORP TAX DEPT  
NEW YORK, NY 10010

**Current Mailing Address:**

11 MADISON AVENUE  
CORP TAX DEPT  
NEW YORK, NY 10010

**FEI Number:** 06-1791236

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Authorized Person(s) Detail :**

Title MGR  
Name BLAKE, TIM  
Address 11 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title MGR  
Name JONELEIT, CHRISTOPHER  
Address 11 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title MANAGER  
Name PAPIR, JOSH  
Address 11 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title VP  
Name FINLAN, THOMAS A  
Address 11 MADISON AVENUE  
CORP TAX DEPT  
City-State-Zip: NEW YORK NY 10010

Title ASST. SECRETARY  
Name MATTY, RHONDA G  
Address 11 MADISON AVENUE  
CORP TAX DEPT  
City-State-Zip: NEW YORK NY 10010

Title TREASURER  
Name SHROPSHIRE, JOSEPH J  
Address 11 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS A. FINLAN

VP

04/18/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date