2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# F02000005447

Entity Name: PRIME RATE PREMIUM FINANCE CORPORATION, INC.

Current Principal Place of Business:

2141 ENTERPRISE DR.
FLORENCE, SC 29501

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100507
2141 ENTERPRISE DR.
FLORENCE, SC 29501

New Mailing Address:

C/O LISA MOBERLY BB&T
200 WEST SECOND ST 3RD FLOOR
WINSTON-SALEM, NC 27101

FEI Number: 57-0785141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	PD	( ) Delete
Name:	LINGLE, JAMES R JR.	
Address:	2141 ENTERPRISE DR.	
City-St-Zip:	FLORENCE, SC 29501	
Title:	STD	( ) Delete
Name:	TOWNSEND, FRANCES L	
Address:	2141 ENTERPRISE DR.	
City-St-Zip:	FLORENCE, SC 29501	
Title:	D	( ) Delete
Name:	STARNES, CLARKE R III	
Address:	2141 ENTERPRISE DR.	
City-St-Zip:	FLORENCE, SC 29501	
Title:	D	( ) Delete
Name:	MELVIN, THOMAS W	
Address:	2141 ENTERPRISE DR	
City-St-Zip:	FLORENCE, SC 29501	
Title:	D	( ) Delete
Name:	HUNT, CORINNE	
Address:	2141 ENTERPRISE DR.	
City-St-Zip:	FLORENCE, SC 29501	
Title:	OTR	( ) Delete
Name:	MOBERLY, LISA I	
Address:	200 W 2ND ST - 3RD FLOOR LEGAL	
City-St-Zip:	WINSTON-SALEM, NC 27101	

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: LISA I MOBERLY OTH 04/29/2007

Electronic Signature of Signing Officer or Director — Date