

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005447

FILED
Apr 03, 2009
Secretary of State

Entity Name: PRIME RATE PREMIUM FINANCE CORPORATION, INC.

Current Principal Place of Business:

2141 ENTERPRISE DRIVE
FLORENCE, SC 29501

New Principal Place of Business:

Current Mailing Address:

2141 ENTERPRISE DRIVE
FLORENCE, NC 29501

New Mailing Address:

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: ZUPAN, DARYL J DIR
Address: 2141 ENTERPRISE DRIVE
City-St-Zip: FLORENCE, SC 29501

Title: STD () Delete
Name: TOWNSEND, FRANCES L SETREDI
Address: 2141 ENTERPRISE DRIVE
City-St-Zip: FLORENCE, SC 29501

Title: DIR () Delete
Name: HUNT, CORINNE DIR
Address: 2141 ENTERPRISE DRIVE
City-St-Zip: FLORENCE, SC 29501

Title: D () Delete
Name: MELVIN, THOMAS W
Address: 2141 ENTERPRISE DR
City-St-Zip: FLORENCE, SC 29501

Title: DIR (X) Delete
Name: MELVIN, THOMAS W DIR
Address: 2141 ENTERPRISE DRIVE
City-St-Zip: FLORENCE, SC 29501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDIR (X) Change () Addition
Name: ZUPAN, DARYL J
Address: 2141 ENTERPRISE DRIVE
City-St-Zip: FLORENCE, SC 29501

Title: STD (X) Change () Addition
Name: TOWNSEND, FRANCES L
Address: 2141 ENTERPRISE DRIVE
City-St-Zip: FLORENCE, SC 29501

Title: DIR (X) Change () Addition
Name: HUNT, CORINNE
Address: 2141 ENTERPRISE DRIVE
City-St-Zip: FLORENCE, SC 29501

Title: DIR (X) Change () Addition
Name: MCKAY, JEFFREY
Address: 2141 ENTERPRISE DR
City-St-Zip: FLORENCE, SC 29501

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: MANDELIN HENDRICKS

POA

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date