

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001412

FILED
Apr 29, 2009
Secretary of State

Entity Name: AFFIRMATIVE PREMIUM FINANCE, INC.

Current Principal Place of Business:

150 HARVESTER DR., STE. 300
BURR RIDGE, IL 60527

New Principal Place of Business:

Current Mailing Address:

150 HARVESTER DR., STE. 300
BURR RIDGE, IL 60527

New Mailing Address:

FEI Number: 20-8577392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: D () Delete
Name: MCCLURE, MICHAEL J
Address: 150 HARVESTER DR., STE. 300
City-St-Zip: BURR RIDGE, IL 60527

Title: DP () Delete
Name: BONDI, ROBERT A.
Address: 150 HARVESTER DR., STE. 300
City-St-Zip: BURR RIDGE, IL 60527

Title: S () Delete
Name: FISHER, JOSEPH
Address: 150 HARVESTER DR., STE. 300
City-St-Zip: BURR RIDGE, IL 60527

Title: T (X) Delete
Name: NAY, AMY
Address: 4450 SOJOURN DRIVE SUITE 500
City-St-Zip: ADDISON, TX 75001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DEVP (X) Change () Addition
Name: MCCLURE, MICHAEL J
Address: 150 HARVESTER DR., STE. 300
City-St-Zip: BURR RIDGE, IL 60527

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: FISHER, JOSEPH G
Address: 150 HARVESTER DR., STE. 300
City-St-Zip: BURR RIDGE, IL 60527

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: JOSEPH G. FISHER

DS

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date