

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001412

**FILED**  
**Apr 05, 2011**  
**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:**

150 HARVESTER DRIVE  
300  
BURR RIDGE, IL 60527

**Current Mailing Address:**

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

**New Mailing Address:**

150 HARVESTER DRIVE  
300  
BURR RIDGE, IL 60527

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

**OFFICERS AND DIRECTORS:**

Title: CFO  
Name: MCCLURE, MICHAEL J  
Address: 150 HARVESTER DRIVE, SUITE 300  
City-St-Zip: BURR RIDGE, IL 60527

Title: COO  
Name: BONDI, ROBERT A.  
Address: 150 HARVESTER DRIVE, SUITE 300  
City-St-Zip: BURR RIDGE, IL 60527

Title: SECY  
Name: FISHER, JOSEPH G  
Address: 150 HARVESTER DRIVE, SUITE 300  
City-St-Zip: BURR RIDGE, IL 60527

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: JOSEPH G. FISHER

SECY

04/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date