

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000000945 (5)

1. Corporation Name

PREMIUM FUNDING ASSOCIATES, INC.



Principal Place of Business

302 W. MAIN ST.  
AVON CT 06001

Mailing Address

P. O. BOX 847  
AVON CT 06001  
US

2. Principal Place of Business

2a. Mailing Address

21 10 State House Square

26 10 State House Square

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Hartford, Connecticut

28 Hartford, Connecticut

Zip

Country

Zip

Country

24 06103

25 USA

29 06103

30 USA

3. Date Incorporated or Qualified

02/24/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

APPLIED FOR 06-1391252

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC  
NAME VAUGHAN, MARTIN L III  
STREET ADDRESS 302 W. MAIN ST.  
CITY-ST-ZIP AVON CT 06001

☐ DELETE

TITLE DT  
NAME SEARFOSS, DAVID W  
STREET ADDRESS ONE AMERICAN ROW  
CITY-ST-ZIP HARTFORD CT

☐ DELETE

TITLE S  
NAME ROBBINS, KEITH D  
STREET ADDRESS ONE AMERICAN ROW  
CITY-ST-ZIP HARTFORD CT 06115

☐ DELETE

TITLE AS  
NAME STEENBURG, THOMAS N  
STREET ADDRESS ONE AMERICAN ROW  
CITY-ST-ZIP HARTFORD, CONNECTICUT 06115

☐ DELETE

TITLE T  
NAME RYAN, WILLIAM E  
STREET ADDRESS 10 STATE HOUSE SQUARE  
CITY-ST-ZIP HARTFORD, CONNECTICUT 06103

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed name of officer or director

Date

Daytime Phone #

CR2E034 (12/95)