FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700000136

GLOBE PREMIUM FINANCING CORPORATION

Principal Place	of Business	Mailing Address					
PO BOX 406		PO BOX 406					
ORLAND PARK IL 60462-0406 ORLAND PARK IL 60462-04			6				
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		j
		•			01/08/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 26		26			36-3778784		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			L & Contiforto of Statue Desired 1 1		5 Additional
22 27		27			5. Certificate of Status Desired	Fee	Required
City & State City & State					6. Election Campaign Financing	\$5.0	00 May Be
23 28					Trust Fund Contribution	Adde	ed to Fees
Zip	Country		Country		8. This corporation owes the curren	it year Intangible	
├, -**			30		Personal Property Tax.	☐Yes	□No
24 25 29 9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent	
	5. Hamo and Madroso C. Carrent		81	Name			
INSU	IRANCE COMMISSIONER						
CAP		£ .	82	Street Addr	ess (P.O. Box Number is Not Acceptable		
1	AHASSEE FL 32399-0300		83	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		1648 (8:18 E(1) 186)	
1766	A LAUDEL I E OZOGO OUOU		63				
			84	City			ip Code
505 \$1.35 July 205		·					
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	he abov	e-named corp	oration submits this statement for the purely accept	urpose of changing	its registered
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 Spate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am farfilliar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
l agent la	m tangliar with and accept the obligation	ons of, Section by/Jubub, Fiorida -	Statutes			. /-	I
i	m tangliar with, and accept the collection	ons of, Section 607.0505, Florida	Statutes		1/2	4/89	•
agent. I a	m familiar with, and accept the dollgation	100			d when reinstating) (7 (2)	DATE DATE	
SIGNATURE	1 Phus D	and title if applicable. (NOTE: Regis				DATE CERS AND DIREC	TORS IN 12
i	Signature, typed or printed name of registered agent is	and title if applicable. (NOTE: Regin	stered Ager		d when reinstating) (1 1 - 24	DATE	TORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent of OFFICERS AND	and title if applicable. (NOTE: Regit DIRECTORS	stered Ager		d when reinstating); /	DATE CERS AND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent of PSDC PEYTON, DAN	and title if applicable. (NOTE: Regit DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature require	d when reinstating); /	DATE CERS AND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent of PSDC PEYTON, DAN 12356 LAKEVIEW PLACE	and title if applicable. (NOTE: Regit DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	d when reinstating); /	DATE CERS AND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent of PSDC PEYTON, DAN 12356 LAKEVIEW PLACE ORLAND PARK IL 60462-0406	and title if applicable. (NOTE: Regit DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature require	d when reinstating); /	DATE CERS AND DIREC	CTORS IN 12 ge Addition
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 602. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

DELETE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90070 027 ***150.00

Addition