

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21053

Entity Name: CG PREMIUM FINANCE, INC

FILED  
Jan 19, 2009  
Secretary of State

**Current Principal Place of Business:**

6745 CALMONT  
FORT WORTH, TX 76116 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 230  
FORT WORTH, TX 76101

**New Mailing Address:**

FEI Number: 75-2235977      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: VD ( ) Delete  
Name: GEER, WILLIAM E  
Address: 6801 CALMONT  
City-St-Zip: FT. WORTH, TX

Title: VD ( ) Delete  
Name: FERGUSON, STEVEN C  
Address: 6801 CALMONT  
City-St-Zip: FT. WORTH, TX

Title: VSTD ( ) Delete  
Name: STASEY, WILLIAM G  
Address: 6801 CLAMONT  
City-St-Zip: FT. WORTH, TX 76116 71

Title: VPD ( ) Delete  
Name: MCGOWEN, ROBERT E  
Address: 6801 CALMONT  
City-St-Zip: FT WORTH, TX 76116 41

Title: PD ( ) Delete  
Name: POSTON, PAUL R  
Address: 6801 CALMONT  
City-St-Zip: FT WORTH, TX 76116 41

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: VPD (X) Change ( ) Addition  
Name: JOHNSTON, ALVIN M  
Address: 6801 CALMONT  
City-St-Zip: FT WORTH, TX 76116 41

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: WILLIAM E GEER

VP

01/19/2009

Electronic Signature of Signing Officer or Director

Date