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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90103 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P21409

1. Corporation Name

OXFORD PREMIUM FINANCE, INC.



Principal Place of Business

205 NORTH ADDISON ROAD
ADDISON IL 60101

Mailing Address

205 NORTH ADDISON ROAD
ADDISON IL 60101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1988

4. FEI Number

36-3421934

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 33 NORTH ADDISON

Suite, Apt. #, etc.

22 STE 200

City & State

23 ADDISON IL

Zip

Country

24 60101

25

2a. Mailing Address

26 8245 NIEMAN ROAD

Suite, Apt. #, etc.

27 STE 100

City & State

28 LENEXA KS

Zip

Country

29 66214

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☒ DELETE
NAME GLAVAN, JOHN E.
STREET ADDRESS 205 N. ADDISON ROAD
CITY-ST-ZIP ADDISON IL

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME KURT W. HUFFMAN
1.3 STREET ADDRESS 8245 NIEMAN ROAD STE 100
1.4 CITY-ST-ZIP LENEXA KS 66214

TITLE SD ☒ DELETE
NAME COLIS, GEORGE P.
STREET ADDRESS 205 N. ADDISON ROAD
CITY-ST-ZIP ADDISON IL

2.1 TITLE SENIOR V-P ☒ Change ☐ Addition
2.2 NAME NANCY PIPER
2.3 STREET ADDRESS 33 NORTH ADDISON STE 200
2.4 CITY-ST-ZIP ADDISON IL 60101

TITLE D ☒ DELETE
NAME NERAD, JERRY
STREET ADDRESS 144 TOWER DR.
CITY-ST-ZIP BURR RIDGE IL

3.1 TITLE VP-FINANCE/SECRETARY ☒ Change ☐ Addition
3.2 NAME RANDALL D. HICKMAN
3.3 STREET ADDRESS 8245 NIEMAN RD STE 100
3.4 CITY-ST-ZIP LENEXA KS 66214

TITLE DIRECTOR ☐ DELETE
NAME TIM D'NEIL
STREET ADDRESS 8245 NIEMAN RD STE 100
CITY-ST-ZIP LENEXA KS 66214

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99

Date

Daytime Phone #

CR2E034 (1/1/98)