

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001412

**Entity Name:** AFFIRMATIVE PREMIUM FINANCE, INC.

**Current Principal Place of Business:**

4450 SOJOURN DRIVE, STE 500  
ADDISON, TX 75001

**Current Mailing Address:**

4450 SOJOURN DRIVE, STE 500  
ADDISON, TX 75001 US

**FEI Number:** 20-8577392

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title CFO  
Name MCCLURE, MICHAEL J  
Address 4450 SOJOURN DRIVE, STE 500  
City-State-Zip: ADDISON TX 75001

Title PRES  
Name BONDI, ROBERT A.  
Address 4450 SOJOURN DRIVE, STE 500  
City-State-Zip: ADDISON TX 75001

Title SECY  
Name FISHER, JOSEPH G  
Address 4450 SOJOURN DRIVE, STE 500  
City-State-Zip: ADDISON TX 75001

Title ASST. SECRETARY  
Name KILLACKY, JOHN P.  
Address 4450 SOJOURN DRIVE, STE 500  
City-State-Zip: ADDISON TX 75001

*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:** JOHN P. KILLACKY

**ASSISTANT SECRETARY** 04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date