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|--|--|--|--|-------|--------------------------------------|-------------|--|
| No. <b>C 157525</b>  | <b>Due no later than Nov 31, 2005</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address <b>(NO PO BOX)</b>                             |       |                                      |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>PREMIUM FUNDING ASSOCIATES, INC.<br>PREMIUM FUNDING<br>4951 LAKE BROOK DRIVE<br>STE 500<br>GLEN ALLEN VA 23060 0000 |  | CORPORATION SERVICE COMPANY<br>1401 SHORELINE DR STE 20<br>BOISE ID 83702 0000 |       |                                      |             |  |
|  |  |  | 3. <u>New</u> Registered Agent Signature:*                                     |       |                                      |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |  |  |  |       |                                      |             |  |
| Office Held  | Name   | Street or PO Address   | City   | State | Country                              | Postal Code |  |
| PRESIDENT  | ROBERT W BLANTON   | 10 STATE HOUSE SQUARE  | HARTFORD   | CT    | USA                                  | 06103       |  |
| SECRETARY  | WALTER L SMITH   | 4951 LAKE BROOK DRIVE SUITE 400  | GLEN ALLEN   | VA    | USA                                  | 23060       |  |
| 5. Organized Under the Laws of:<br><br><b>CONNECTICUT<br/>C 157525</b>   |  | 6. Annual Report must be signed.*<br>Signature: Walter L. Smith<br>Name (type or print): Walter L. Smith |  |       | Date: 10/10/2005<br>Title: Secretary |             |  |
| Processed 10/10/2005   |  | * Electronically provided signatures are accepted as original signatures.                                |  |       |                                      |             |  |