



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 160324		2. Name of Corporation Wachovia Premium Finance, Inc.			
3. Street Address Principal Business Office 227 West Trade Street			City Charlotte	State NC	Zip 28210
4. Business Phone No. 704-374-3021		5. State of Incorporation North Carolina			
6. Brief Description of the Character of Business Conducted in Rhode Island Small business insurance premium financing. To engage in any act or activity for which corporations may be organized.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stewart W. McDowell, Jr.			Vice President Name		
Street Address 227 West Trade Street			Street Address		
City Charlotte	State NC	Zip 28210	City	State	Zip
Secretary Name Daniel Glassberg			Treasurer Name Karen Lehman		
Street Address 301 South College Street			Street Address 100 North Main Street		
City Charlotte	State NC	Zip 28288	City Winston-Salem	State NC	Zip 27101
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stewart W. McDowell, Jr.			Director Name Karen Lehman		
Street Address 227 West Trade Street			Street Address 100 North Main Street		
City Charlotte	State NC	Zip 28210	City Winston-Salem	State NC	Zip 27101
Director Name Daniel Glassberg			Director Name		
Street Address 301 South College Street			Street Address		
City Charlotte	State NC	Zip 28288	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Common	No Par Value	100	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	MAR 17 2008
Check No.	852850
By:	12:10
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Beverly W. Jackson 12/20/2007  
Signature Date

Beverly W. Jackson

Print or Type Name

Assistant Vice President

Title