RI SOS Filing Number: 201446609680 Date: 09/24/2014 12:14 PM

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

**Fee: $50.00**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

# Limited Liability Company Annual Report

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.*

**ANNUAL REPORT YEAR:** 2014

**1. ID No.** 000115757

**2. Exact Name of the Limited Liability Company** AFCO Premium Credit LLC

**3. State of Formation**

State: NY

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

Insurance Premium Financing

**5. Principal Office Address**

No. and Street: 14 WALL STREET
SUITE 8A-19
City or Town: NEW YORK State: NY Zip: 10005 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:
No. and Street: C/O KATRINA D RAMEY
200 WEST SECOND STREET, 3RD FLOOR
City or Town: WINSTON-SALEM State: NC Zip: 27101 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**
**DO NOT LIST MEMBERS**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| MANAGER | RICHARD E. FOWLER | 14 WALL STREET, SUITE 8A-19<br>NEW YORK, NY 10005 USA |
| MANAGER | PATRICIA HAGEMANN | 14 WALL STREET, 14 WALL STREET<br>NEW YORK, NY 10005 USA |
| 0-527-0 MANAGER | DEAN M. KLISURA | 14 WALL STREET, SUITE 8A-19<br>NEW YORK, NY 10005 USA |
| MANAGER | EDWARD T. LYNCH | 14 WALL STREET, SUITE 8A-19 |

| | | |
|---|---|---|
| | | NEW YORK, NY 10005 USA |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 24 Day of September, 2014 at 12:15:36 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By TRACI HOUCK
Signature of Authorized Person

Form No. 632
Revised 09/07