

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 9:01

DOCUMENT # **855552** (6)

1. Corporation Name
AMERIFIRST INSURANCE COMPANY

Principal Place of Business Mailing Address
40 S. ALCANIZ STREET 40 S. ALCANIZ STREET
PENSACOLA FL 32501 PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/16/1983** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		35-1536282		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		29	
Zip		Country		Zip		Country	
25		29		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32304**

61	Name
62	Street Address (P.O. Box Number is Not Acceptable)
63	
64	City
FL	65 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, R K	1.2 NAME	
STREET ADDRESS	40 S. ALCANIZ STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32501	1.4 CITY - ST - ZIP	
TITLE	DSTV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, LINDA J	2.2 NAME	
STREET ADDRESS	40 S. ALCANIZ STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32501	2.4 CITY - ST - ZIP	
TITLE	VPD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA ANN HUNTER,	3.2 NAME	
STREET ADDRESS	40 S. ALCANIZ STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32501	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE PALMER,	4.2 NAME	
STREET ADDRESS	40 S. ALCANIZ STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32501	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED TOWNSEND,	5.2 NAME	
STREET ADDRESS	STE. 602, 100 WELLS ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT 06103	5.4 CITY - ST - ZIP	
TITLE	VP	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED TEPPER,	6.2 NAME	
STREET ADDRESS	40 S. ALCANIZ STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32501	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 only in attachment with an address.

SIGNATURE: Edward A. Tepper 6/6/95 904 434-1200
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Signature Here)