

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 855552

1. Corporation Name

AmeriFirst Insurance Company

97 DEC 26 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
300 North Meridian Street

Suite, Apt. #, etc.
Suite 2700

City & State
Indianapolis, Indiana

Zip Country
46204 USA

3. New Mailing Office Address, If Applicable
400 West Market Street

Suite, Apt. #, etc.
Suite 3300

City & State
Louisville, Kentucky

Zip Country
40202 USA

4. Date Incorporated or Qualified To Do Business in Florida

February 16, 1983

5. FEI Number

35-1536282

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	SEE ATTACHMENT #1		400002384944-7 -12/29/97--01123--037 ****750.00 ****750.00

REINSTATEMENT 1997

A. Alan
12/20/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Florida Insurance Commissioner
Street Address (P.O. Box Number is Not Acceptable)
Florida Department of Insurance
Suite, Apt. #, Etc.
200 East Gaines Street

City State Zip Code
Tallahassee FL 32399-0327

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

N/A

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jill L. Force, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/97
Date

(502) 596-7300

Daytime Phone #

CP2ED40 (12-95)

ATTACHMENT 1

7. Names and Street Addresses of Each Officer and/or Director of AmeriFirst Insurance Company.

<u>Name</u>	<u>Title</u>	<u>Street Address</u>	<u>City/State/Zip</u>
W. Bruce Lunsford	Director; President and Chief Executive Officer	400 West Market Street Suite 3300	Louisville, Kentucky 40202
Michael R. Barr	Director; Chief Operating Officer and Executive Vice President	400 West Market Street Suite 3300	Louisville, Kentucky 40202
W. Earl Reed, III	Director; Chief Financial Officer and Executive Vice President	400 West Market Street Suite 3300	Louisville, Kentucky 40202
Thomas T. Ladt	Director; Executive Vice President, Operations	400 West Market Street Suite 3300	Louisville, Kentucky 40202
James H. Gillenwater, Jr.	Director; Senior Vice President, Planning and Development	400 West Market Street Suite 3300	Louisville, Kentucky 40202
Jill L. Force	Senior Vice President, General Counsel, and Corporate Secretary	400 West Market Street Suite 3300	Louisville, Kentucky 40202
Richard A. Lechleiter	Vice President, Finance and Corporate Controller	400 West Market Street Suite 3300	Louisville, Kentucky 40202