

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003238

FILED
Feb 15, 2011
Secretary of State

Entity Name: AMFIRST INSURANCE COMPANY

Current Principal Place of Business:

5722 1-55 N FRONTAGE RD
JACKSON, MS 39211

New Principal Place of Business:

Current Mailing Address:

PO BOX 16708
JACKSON, MS 39236

New Mailing Address:

FEI Number: 64-0902785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CDP
Name: WHITE, DAVID R
Address: 5722 1-55 N FRONTAGE RD
City-St-Zip: JACKSON, MS 39211

Title: DVP
Name: MORGAN, JOHN J
Address: 5722 1-55 N FRONTAGE RD
City-St-Zip: JACKSON, MS 39211

Title: DST
Name: EATON, RICHARD L
Address: 5722 1-55 N FRONTAGE RD
City-St-Zip: JACKSON, MS 39211

Title: DVP
Name: EATON, RYAN L
Address: 5722 1-55 N. FRONTAGE RD
City-St-Zip: JACKSON, MS 39211

Title: DVP
Name: PEETS, JASON A
Address: 5722 1-55 N. FRONTAGE
City-St-Zip: JACKSON, MS 39211

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD L EATON

_____ Electronic Signature of Signing Officer or Director

SEC

02/15/2011

_____ Date