

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003238

FILED  
Feb 21, 2012  
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

SEC

02/21/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date