98000003324

Qualification/Tax Lien Section

To:

Tallahassee, FL 32399

of Corporations				
AMERICA FIRST INS	URANCE COMPANY			
(Name of co	rporation - must include	suffix)		
xistence", and check are submi	tion for Authorization to ted to register the above	Transact Business in Flor referenced foreign corpor	ida", ation to	
correspondence concerning this	s matter to the following	:		
DONALD J. MEYE	RS			
(1	Name of Person)		AES5	
THE NETHERLANDS INSU	RANCE COMPANY	06/12/98	01033001_	
(I	Firm/Company)	****!!\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	***1150.00	
62 MAPLE AVENUE				
	(Address)		465-5	
KEENE, NEW HAMPSHIRE	03431	-05/20/981	01095001	
(City/State/Zip)		. *************************************	
to call someone concerning th	is matter, please call:	- <u>88</u> لار م	.4584 .607	
Mayors at (603 \ 352-3221			
Donald J. Meyers at (603) 352-3221 (Name of Person) (Area Code & Daytime Telephone Number)				
DRESS:	MAILING AI	DDRESS:	.c 9	
Qualification/Tax Lien Section			L B(
Division of Corporations 409 E. Gaines St.		-		
	AMERICA FIRST INS (Name of consum: Application by Foreign Corporate existence", and check are submits in Florida. Correspondence concerning this DONALD J. MEYE (INTERPORT OF THE NETHERLANDS INSUME (INTERPORT OF THE NEW HAMPSHIRE (INTERPORT OF THE NEW HAMPSHI	(Name of corporation - must include am: Application by Foreign Corporation for Authorization to existence", and check are submitted to register the above in Florida. Correspondence concerning this matter to the following DONALD J. MEYERS (Name of Person) THE NETHERLANDS INSURANCE COMPANY (Firm/Company) 62 MAPLE AVENUE (Address) KEENE, NEW HAMPSHIRE 03431 (City/State/Zip) It to call someone concerning this matter, please call: Meyers at (603) 352-3221 of Person) (Area Code & Daytim) DRESS: MAILING All ax Lien Section porations Qualification/Toporations	(Name of corporation - must include suffix) am: Application by Foreign Corporation for Authorization to Transact Business in Flor xistence", and check are submitted to register the above referenced foreign corpor is in Florida. correspondence concerning this matter to the following: DONALD J. MEYERS (Name of Person) THE NETHERLANDS INSURANCE COMPANY -06/12/38 (Firm/Company) 62 MAPLE AVENUE (Address) KEENE, NEW HAMPSHIRE 03431 -05/20/38-1 (City/State/Zip) di to call someone concerning this matter, please call: Meyers at (603) 352-3221 of Person) (Area Code & Daytime Telephone Number) DRESS: MAILING ADDRESS: ax Lien Section Qualification/Tax Lien Section Division of Corporations	

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 20, 1998

DONALD J. MEYERS THE NETHERLANDS INSURANCE COMPANY 62 MAPLE AVE KEENE, NH 03431

SUBJECT: AMERICA FIRST INSURANCE COMPANY

Ref. Number: W98000011584

We have received your document for AMERICA FIRST INSURANCE COMPANY and your check(s) totaling \$131.25. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved corporation or limited liability company. The name of a voluntarily dissolved Florida corporation or limited liability company is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved entity provides the Department of State with a notarized affidavit, stating they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

I am returning the certified copy of the articles of incorporation as s. 607.1503(2), F.S., requires that a foreign corporation submit an original "certificate of existence" issued by the New Hampshire Secretary of State dated within the last 90 days. Please contact the New Hampshire Secretary of State at (603) 271-3244 to request such certificate.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1150.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6092.

Hart Collins Senior Corporate Section Administrator Letter Number: 998A00028370



62 Maple Avenue Keene, NH 03431 603-352-3221

June 9, 1998

Mr. Hart Collins
Senior Corporate Section Administrator
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: America First Insurance Company
Application by Foreign Corporation for Authorization to
Transact Business in Florida

Dear Mr. Collins:

On behalf of America First Insurance Company, I am enclosing the following documents required to complete the abovereferenced application recently filed:

- 1. Notarized affidavit of William L. McCague II stating that America First has no intention of revoking the Articles of Dissolution filed on May 20, 1998.
- Certificate of Existence from the State of New Hampshire Department of State.
- 3. Check in the amount of \$1,150.00 made payable to the Florida Department of State to cover the annual report and penalty fee.

Thank you for your immediate attention to this matter.

Donald J. Meyers

Senior Attorney

DJM/nr Enclosures

AFFIDAVIT OF WILLIAM L. MCCCAGUE II

State of New Hampshire County of Cheshire

William L. McCague II, being duly sworn by me, the undersigned Notary Public for the State of New Hampshire, deposes and says as follows:

- That Affiant is Senior Vice President, General Counsel and___ Secretary for America First Insurance Company;
- That attached hereto is a copy of The Articles of Dissolution dissolving America First Insurance Company, a Florida Corporation, which were filed May 20, 1998 as a result of the redomestication of the company to the state of New Hampshire;
- intention of revoking the the Company has no dissolution;

FURTHER AFFIANT SAITH NOT.

McCaque

STATE OF NEW HAMPSHIRE COUNTY OF CHESHIRE, SS.

Sworn and subscribed before me on this / day of June, 199

My Commission Expires

NANCY B. RAFFERTY, Notary Public My Commission Expires February 19, 2002

ARTICLES OF DISSOLUTION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 MAY 20 PM 2: 03

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: AMERICA FIRST INSURANCE COMPANY	<u></u>
SECOND:	The date dissolution was authorized: July 1, 1997	
THIRD:	Adoption of Dissolution (CHECK ONE)	
	olution was approved by the shareholders. The number of votes cast for dissufficient for approval.	ssolution
Diss	solution was approved by vote of the shareholders through voting groups.	
е	The following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve: number of votes cast for dissolution was sufficient for approval by	DIVISION OF CO
	(voting group)	₹ 200°C
Signe	ed this 12 th day of May , 19 98	AN 9: 59
Signature _	Womlogs	-
	(By the Chairman or Vice Chairman of the Board, President, or other officer) William L. McCague II (Typed or printed name)	_
	Senior Vice President, General Counsel & Secretary	
	(Title)	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1	A FIRST INSURANCE COMPANY		
words or abbre	oration; must include the word "INCORPORATE eviations of like import in language as will clearly or partnership if not so contained in the name at partnership if not so contained in the name at partnership if not so contained in the name at partnership if not so contained in the name at partnership if not so contained in the name at partnership if not so contained in the name at partnership in th	indicate that it is a corporation instead	or of a
2. NEW HAM	DOUTER	3. 58-0953149	
2. <u>NEW HAM</u> (State or count	ry under the law of which it is incorporated)	(FEI number, if applica	ble)
	31, 1997 5. Per ate of incorporation) (Dur	rpetual ration: Year corp. will cease to exist or '	"perpetual")
6. July	31, 1997		
(Date fir	est transacted business in Florida.) (SEE SECTION	NS 607.1501, 607.1502 and 817.155, F.S	5.)
762 MAP	LE AVENUE		, ,
KEENE,	NEW HAMPSHIRE 03431		
	(Current mailing addre	ess)	
(Purpos	cting property, casualty and marine(s) of corporation authorized in home state or correct address of Florida registered agent: (l	untry to be carried out in state of Florida	
Name:	Commissioner of Insurance		98 98
Office Address:	Florida Department of Insurance		
	200 East Gaines Street Tallahassee	, Florida, <u>32399-0300</u>	SECRETARY OF ST 1VISION OF CORPOR 98 JUN 12 AM
		(Zip code)	PORV
10. Registered	agent's acceptance:		4. 59
in this applicatio comply with the	ned as registered agent and to accept service of p n, I hereby accept the appointment as registered provisions of all statutes relative to the proper an bligations of my position as registered agent.	agent and agree to act in this capacity.	I further agree to
	(Registered agent's sig	gnature)	
11. Attached is a	e certificate of existence duly authenticated, not n	nore than 90 days prior to delivery of thi	s application to the

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law

of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: ___ Roger L. Jean Address: 62 Maple Avenue Keene, NH 03431 Vice Chairman: Richard T. Bell Address: 62 Maple Avenue Keene, NH 03431 Director: _____ Steven A. Fulwood 4600 Park Rd., Suite 500 Address: Charlotte, NC 28209 Director: ___ William L. McCague II Address: ____ 62 Maple Avenue Keene, NH 03431 B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: RICHARD T. BELL Address: 62 Maple Avenue Keene, NH 03431 Executive Vice President: Ronald A. Closser Address: 62 Maple Avenue Keene, NH 03431 William L. McCague II Secretary: 62 Maple Avenue Keene, NH 03431 Address: Treasurer: ____Justin D. Healv Address: 62 Maple Avenue Keene, NH 03431 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

William L. McCague II

Senior Vice President, General Counsel & Secretary

ADDENDUM TO APPLICATION

Additional Directors:

Joseph P. Tracey 62 Maple Avenue Keene, NH 03431

Additional Officers:

Vice Presidents:

Mark E. Fiebrink 62 Maple Avenue Keene, NH 03431

Joseph P. Tracey 62 Maple Avenue Keene, NH 03431

Donald D. Cheek 62 Maple Avenue Keene, NH 03431

Steven A. Fulwood 4600 Park Rd., Suite 500 Charlotte, NC 28209

State of New Hampshire Department of State

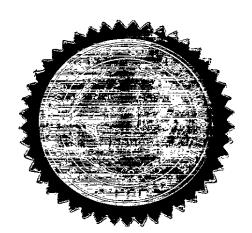
CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify AMERICA FIRST INSURANCE COMPANY was a Florida corporation which redomesticated to New Hampshire on July 31, 1997. I further certify that articles of dissolution have not been filed with this office.

INFORMATION REGARDING ANNUAL REPORTS AND/OR FEES MUST BE OBTAINED FROM THE NEW HAMPSHIRE INSURANCE DEPARTMENT.

IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 4th day of June, A.D. 1998

William M. Gardner Secretary of State



DIVISION OF CORPORATIONS
ON JUN 12 AM 9: 59