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FILED
Feb 25, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000003324

1. Corporation Name

AMERICA FIRST INSURANCE COMPANY

Principal Place of Business

**62 MAPLE AVE
KEENE NH 03431**

Mailing Address

**62 MAPLE AVE
KEENE NH 03431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1998

4. FEI Number

58-0953149

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	JEAN, ROGER L	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH 03431	

TITLE	VCT	<input type="checkbox"/> DELETE
NAME	BELL, RICHARD T	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH 03431	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FULWOOD, STEVEN A	
STREET ADDRESS	4600 PARK RD, SUITE 500	
CITY-ST-ZIP	CHARLOTTE NC 28209	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCCAGUE, WILLIAM L II	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH 03431	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CLOSSER, RONALD A	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH 03431	

TITLE	T	<input type="checkbox"/> DELETE
NAME	HEALY, JUSTIN D	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH 03431	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Chair-COO Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	Chairman-CEO Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Victor M. Yerrill	
4.3 STREET ADDRESS	61 Broadway	
4.4 CITY-ST-ZIP	New York, NY 10006	

5.1 TITLE	Exec VP-CFO Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Eugene G. Ballard	
5.3 STREET ADDRESS	61 Broadway	
5.4 CITY-ST-ZIP	New York, NY 10006	

6.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Justin D Healy* **JUSTIN D HEALY, VP**

1/18/99

603-352-3221

Date

Daytime Phone #

CR2E034 (11/98)