FILED

2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # F98 A FIRST INSURANCE						S	ar 19, ecreta 03-19-2001 9	ry o	f Sta	te
Principal Place of Business 52 MAPLE AVE KEENE NH 03431			Mailing Address 62 MAPLE AVE KEENE NH 03431								
Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. 1	4. FEI Number 58-0953149 Applied For				
Zip	Country		Zip	Coun	try	5, (Certificate of S	Status Desired		No. 8.75 Add ee Require	
	6. Name and Address	of Current Re	gistered Agent			7. 1	Name and Ad	dress of New R			
INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32399-0300					Street Address (P.O. Box Number is Not Acceptable)						
					City	-			FL	Zip Code	e
8. The above	named entity submits this	statement for th	e purpose of changing its	registere	ed office or	registered ag	ent, or both, i	n the State of Flo	rida.		
SIGNATURE	Signature, typed or printed name of	registered agent and I	itle if applicable (NOTE	: Registere	Anent signatu	re required when re	einstating)		DATE		 .
Tax filing	oration is eligible to satisfy requirement and elects to a ria on back)	its Intangible	FILE NOW! After MAY 1, 20 Make Check Payab	!! FEE 01 Fee	IS \$150.0 will be \$5	0 50.00	10. Election	on Campaign Fin Fund Contribution	ancing _		0 May Be to Fees
11.		ICERS AND DIF		12.			DITIONS/CH	ANGES TO OFF	CERS AND	DIRECTORS	
TITLE NAME STREET ADDRESS CITY-SY-ZIP	VCD JEAN, ROGER L 62 MAPLE AVE KEENE NH 03431		☐ Delete			CD				<u>√</u> Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, RICHARD T 62 MAPLE AVE KEENE NH 03431		⊠ Delete				ole Ave	ristianse	n	Change	☐ Addition
TITLE NAME STREET ADDRESS	VPS TAYLOR, JANE F 62 MAPLE AVE	~ T	Delete	TITLE NAMI		VS				⊠ Change	Addition
CITY-ST-ZIP	KEENE NH 03431 SVPT	<u>. </u>	□ Delete		-ST-ZIP	VT	<u></u>	······································	<u>.</u>	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	TRACEY, JOSEPH P 62 MAPLE AVE KEENE NH 03431			3	ET ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC FIEBRINK, MARK E 62 MAPLE AVE KEENE NH 03431		☐ Delete			VD				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEALY, JUSTIN D 62 MAPLE AVE KEENE NH 03431		☐ Delete		l l	V				∑ Change	Addition

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

OSEPH P Tracey Senior Vice President & Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 6

603-357-9505

Daytime Phone

Allachment 933172

2001 UNIFORM BUSINESS REPORT

DOC # F98000003324

ENTITY: AMERICA FIRST INSURANCE COMPANY

#12 Additions

TITLE	NAME	ADDRESS		
V	Anthony A Fontanes	62 Maple Ave.	Keene, NH	03431
VD	Forrest H Johnson	62 Maple Ave.	Keene, NH	03431
VD	Amy J Leddy	62 Maple Ave.	Keene, NH	03431
VD	William G Mersch	62 Maple Ave.	Keene, NH	03431
VD	Charles B Ruzicka	62 Maple Ave.	Keene, NH	03431
V	Gary J Ostrow	62 Maple Ave.	Keene, NH	03431
D	Honore J Fallon	62 Maple Ave.	Keene, NH	03431
D	James P Condrin III	62 Maple Ave	Keene, NH	03431
D	Christopher C Mansfield	62 Maple Ave.	Keene, NH	03431