

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90781 021 ***150.00

081777 AT

DOCUMENT # F98000003324

1. Entity Name

AMERICA FIRST INSURANCE COMPANY

Principal Place of Business

**62 MAPLE AVE
 KEENE NH 03431**

Mailing Address

**62 MAPLE AVE
 KEENE NH 03431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-0953149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	JEAN, ROGER L	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH 03431	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHRISTIANSEN, MICHAEL R	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH 03431	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TAYLOR, JANE F	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH 03431	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	TRACEY, JOSEPH P	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH 03431	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FIEBRINK, MARK E	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH 03431	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HEALY, JUSTIN D	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH 03431	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christiansen, Michael R.	
STREET ADDRESS	62 Maple Avenue	
CITY-ST-ZIP	Keene, NH 03431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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

Stephen D. Powell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen D. Powell, AVP-Treasurer

4/5/02

(603) 358-3810

Date

Daytime Phone #

CR2E034 (9/01)

Attachment # F9800000 03324 / 626829

AMERICA FIRST INSURANCE COMPANY

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>
D	Christiansen, Michael R.	62 Maple Avenue	Keene, NH 03431
D	Condryn, J. Paul III	62 Maple Avenue	Keene, NH 03431
D	Fallon, Honore, J.	62 Maple Avenue	Keene, NH 03431
VD	Fiebrink, Mark E.	62 Maple Avenue	Keene, NH 03431
VD	Fontanes, A. Alexander	62 Maple Avenue	Keene, NH 03431
VD	Guymont, Philip J.	62 Maple Avenue	Keene, NH 03431
CD	Jean, Roger L.	62 Maple Avenue	Keene, NH 03431
VD	Johnson, Forrest H.	62 Maple Avenue	Keene, NH 03431
VD	Leddy, Amy J.	62 Maple Avenue	Keene, NH 03431
D	Mansfield, Christopher C.	62 Maple Avenue	Keene, NH 03431
VD	Mersch, William G.	62 Maple Avenue	Keene, NH 03431
VD	Ostrow, Gary J.	62 Maple Avenue	Keene, NH 03431
VT	Powell, Stephen D.	62 Maple Avenue	Keene, NH 03431
P	Robinson, John C.	62 Maple Avenue	Keene, NH 03431
VD	Ruzicka, Charles B.	62 Maple Avenue	Keene, NH 03431
VS	Taylor, Jane F.	62 Maple Avenue	Keene, NH 03431