2004 FOR PROFIT CORPORATION

Apr 05, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F98000003324 04-05-2004 90052 008 ***150.00 AMERICA FIRST INSURANCE COMPANY Principal Place of Business Mailing Address ひまひまひひょり **62 MAPLE AVE 62 MAPLE AVE** KEENE, NH 03431 KEENE, NH 03431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 58-0953149 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT Corporation System CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 1200 South Pine Island Rd Plantation 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE CD Delete TITLE ☐ Addition Chairman of the Board JEAN, ROGER L NAME NAME 62 MAPLE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **KEENE, NH 03431** CITY-ST-ZIP Exe.V.P. & Director D ☐ Delete Change Addition Michael R. Christiansen 175 Berkerly St. CHRISTIANSEN, MICHAEL R NAME NAME 62 MAPLE AVE STREET ADDRESS STREET ADDRESS Boston, MA 02117 CITY-ST-ZIP **KEENE, NH 03431** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LICKNESS, TIMOTHY R NAME 62 MAPLE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **KEENE, NH 03431** CITY-ST-ZIP TITLE VD □ Delete TITLE Exe. Vive President BOD. Effinger 175 Berkerly St ☐ Change Addition FIEBRINK, MARK E. NAME **62 MAPLE AVE** STREET ADDRESS STREET ADDRESS Boston, MA 02117 CITY-ST-ZIP CITY-ST-ZIP **KEENE, NH 03431** ☐ Defete TITLE ☐ Change ☐ Addition BROUGHTON, PHILIP J NAME STREET ADDRESS **62 MAPLE AVENUE** STREET ADDRESS CITY-ST-7IP **KEENE, NH 03431** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

12. 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 of 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Michael R. Christiansen, ///

STREET ADDRESS

CITY-ST-ZIP

FILED