

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003324

FILED
Apr 26, 2011
Secretary of State

Entity Name: AMERICA FIRST INSURANCE COMPANY

Current Principal Place of Business:

62 MAPLE AVE
KEENE, NH 03431

New Principal Place of Business:

Current Mailing Address:

62 MAPLE AVE
KEENE, NH 03431

New Mailing Address:

175 BERKELEY ST
BOSTON, MA 02116

FEI Number: 58-0953149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: CONDRIN, J. P III
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: TCFO
Name: FALLON, MICHAEL J
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: SEC
Name: LEGG, DEXTER R
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: ASEC
Name: CIOTTI, KRISTIN K
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: D
Name: DOYLE, JOHN D
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: DEVP
Name: GOODBY, SCOTT R
Address: 175 BERKELEY ST
City-St-Zip: BOSTON, MA 02116

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KRISTIN K. CIOTTI

ASEC

04/26/2011

Electronic Signature of Signing Officer or Director

Date