

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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95 MAY -1 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H08740 (3)**

1. Corporation Name  
**AMERICA FIRST INSURANCE COMPANY**

Principal Place of Business <b>62 MAPLE AVE P O BOX 507 KEENE NH 03431</b>	Mailing Address <b>62 MAPLE AVE P O BOX 507 KEENE NH 03431</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/20/1984</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>58-0953149</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. The corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
				<b>FL</b>

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 \_\_\_\_\_ (Date) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, RICHARD T</b>	1.2 NAME	
STREET ADDRESS	<b>62 MAPLE AVENUE</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>KEENE NH</b>	1.4 CITY, ST, ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAGNOZZI, RICHARD D</b>	2.2 NAME	
STREET ADDRESS	<b>62 MAPLE AVENUE</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>KEENE NH</b>	2.4 CITY, ST, ZIP	
TITLE	<b>ST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRACEY, JOSEPH P</b>	3.2 NAME	
STREET ADDRESS	<b>62 MAPLE AVENUE</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>KEENE NH</b>	3.4 CITY, ST, ZIP	
TITLE	<b>CEO</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEAN, ROGER, L</b>	4.2 NAME	
STREET ADDRESS	<b>62 MAPLE AVENUE</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>KEENE NH 03431</b>	4.4 CITY, ST, ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCAGUE, WILLIAM, L,II</b>	5.2 NAME	
STREET ADDRESS	<b>62 MAPLE AVENUE</b>	5.3 STREET ADDRESS	
CITY, ST, ZIP	<b>KEENE NH 03431</b>	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Joseph P. Tracey* Joseph P. Tracey 4/28/95 (603)352-3221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)