

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 62 MAPLE AVE P O BOX 507 KEENE NH 03431	Mailing Address 62 MAPLE AVE P O BOX 507 KEENE NH 03431
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/20/1984

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	4. FEI Number 58-0953149 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, RICHARD T	1.2 NAME	Bell, Richard T.
STREET ADDRESS	62 MAPLE AVENUE	1.3 STREET ADDRESS	62 Maple Ave.
CITY-ST-ZIP	KEENE NH	1.4 CITY-ST-ZIP	Keene, NH 03431
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVPT	2.2 NAME	Tracey, Joseph P.
STREET ADDRESS	62 MAPLE AVENUE	2.3 STREET ADDRESS	62 Maple Ave.
CITY-ST-ZIP	KEENE NH	2.4 CITY-ST-ZIP	Keene, NH 03431
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEO	3.2 NAME	CEO D
STREET ADDRESS	JEAN, ROGER, L	3.3 STREET ADDRESS	Jean, Roger, L.
CITY-ST-ZIP	62 MAPLE AVENUE	3.4 CITY-ST-ZIP	62 Maple Ave.
	KEENE NH 03431		Keene, NH 03431
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPS	4.2 NAME	EVP
STREET ADDRESS	MCCAGUE, WILLIAM, L,II	4.3 STREET ADDRESS	Fiebrink, Mark E.
CITY-ST-ZIP	62 MAPLE AVENUE	4.4 CITY-ST-ZIP	62 Maple Ave.
	KEENE NH		Keene, NH 03431
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVP	5.2 NAME	
STREET ADDRESS	CLOSSER, RONALD A	5.3 STREET ADDRESS	
CITY-ST-ZIP	62 MAPLE AVE	5.4 CITY-ST-ZIP	
	KEENE NH		
TITLE	<input type="checkbox"/> DELETE	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 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 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 _____ DATE _____

CR2E034 (10/97)