¥	PLICATION FOR(91) STATEMENT	FLORIDA DEPART Sandra B, Secretary DIVISION OF CO	MENT OF STATE  Mortham  of State	COMPLETING THIS	Figure 1		
DOCL	IMENT # 056552	97 DEC 26 PM 1: 29					
1. Corporati	AmeriFirst Insurance	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
	ce of Business	Mailing Address					
2 New Prince	dresses are incorrect in any way, line thro cipal Office Address, if Applicable rth Meridian Street elc. 2700	3. New Mailing Office Address 400 West Market Suite, Apt. #, etc. Suite 3300	enter correction below. ess. If Applicable Street	4. Date Incorporated or Qualified To Do Business in Florida February 16, 1983			
City & State	apolis, Indiana	City & State Louisville, Ken	tuoley'	5. FEI Number Applied For Not Applied For			
Zip 46204	Country USA	Zφ   C	Country SA	6. CERTIFICATE OF STATUS DE	SIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Names ar	nd Street Addresses of Each Officer and/	or Director (Florida nonprofit co	orporations must list at lea				
		SEE ATTACHMENT	#1 <b>FER</b>	-12/	2324344 29797-01123-037 *750.00 ****750.00 1 1997 120 97		
	8. Name and Address of Current R	ealstered Agent		Q Name and Address of N			
10. I, being a	ppointed the registered agent of the abov		Street Address (P Florida Do Suite Apt #, Etc. 200 East ( City Tallahasso	9. Name and Address of New nsurance Commissi O. Box Number is Not Acceptable epartment of Insu Gaines Street ee	oner    State   Zip Code   State   Zip Code   State   32399-0327		
Signature of Registered Ag	ent N/A	SISTERED AGENT MUST SIGN	N .	_ Date _			
11. Doe Dep	s this corporation pay ar t. of Revenue under S. 1	ny intangible tax to 99.032, Florida St	the atutes. Yes	] No 🔼 (	See other side for information on inlangible tax.)		
owed by th	It I am an officer or director or the receive tement application, the reason for dissolu- e corporation have been paid and the na lication is true and accurate, and my sign	mes of individuals tisted on this	torn de pet quality for e	ne requirements of section 607.0/			
SIGNATU	RE: SIGNATURE AND TYPED OR PRINT	A SECTION OFFICER	OR DIRECTOR	12/17/97	(502) 596-7300  Daytime Phone #		

2 7. Names and Street Addresses of Each Officer and/or Director of AmeriFirst Insurance Company.

Richard A. Lechleiter	Jill L. Force	James H. Gillenwater, Jr.	Thomas T. Ladt	W. Earl Reed, III	Michael R. Barr	W. Bruce Lunsford	Name
Vice President, Finance and Corporate Controller	Senior Vice President, General Counsel, and Corporate Secretary	Director; Senior Vice President, Planning and Development	Director; Executive Vice President, Operations	Director; Chief Financial Officer and Executive Vice President	Director; Chief Operating Officer and Executive Vice President	Director; President and Chief Executive Officer	Title
400 West Market Street Suite 3300	400 West Market Street Suite 3300	400 West Market Street Suite 3300	400 West Market Street Suite 3300	400 West Market Street Suite 3300	400 West Market Street Suite 3300	400 West Market Street Suite 3300	Street Address
Louisville, Kentucky 40202	Louisville, Kentucky 40202	Louisville, Kentucky 40202	Louisville, Kentucky 40202	Louisville, Kentucky 40202	Louisville, Kentucky 40202	Louisville, Kentucky 40202	City/State/Zip