State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
000157052	ENROLLMENT FIRST, INC.

3. Street Address Principal Business Office	City	State	Zip
6423 DEANE HILL DRIVE	KNOXVILLE	TN	37919

4. Business Phone No.	5. State of Incorporation
865/684-1030	TENNESSEE

6. Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE AGENCY UTILIZING TELEPHONE CALL CENTER LOCATED IN KNOXVILLE, TN - ***NO BUSINESS CONDUCTED IN RHODE ISLAND***

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
HAZEN JASON MIRTS	BRETTANY MIRTS
Street Address: 6423 DEANE HILL DRIVE	Street Address: 6423 DEANE HILL DRIVE
City: KNOXVILLE State: TN Zip: 37919	City: KNOXVILLE State: TN Zip: 37919
Secretary Name	**Treasurer Name**
BRETTANY MIRTS	HAZEN JASON MIRTS
Street Address: 6423 DEANE HILL DRIVE	Street Address: 6423 DEANE HILL DRIVE
City: KNOXVILLE State: TN Zip: 37919	City: KNOXVILLE State: TN Zip: 37919

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
HAZEN JASON MIRTS	
Street Address: 6423 DEANE HILL DRIVE	Street Address:
City: KNOXVILLE State: TN Zip: 37919	City: State: Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
2000	COMMON	0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[redacted] 2/20/09
Signature *Date*

BRETTANY MIRTS
Print or Type Name

[redacted] Vice President
Title

File Date 2-23-09
Check No. 2962
By: mnc
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08