

F010000002786

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agri-Insurance Company, Ltd.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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-05/22/01--01016--001
*****07.50 *****07.50

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

L. Craig Simmons
(Name of Person)
Alico, Inc.
(Firm/Company)
Post Office Box 338
(Address)
La Belle, FL 33975
(City/State and Zip code)

For further information concerning this matter, please call:

L. Craig Simmons at (863) 675-2966
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Agri-Insurance Company, Ltd.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Bermuda 3. 98-0230554
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 26, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 44 Church Street, Hamilton HM 12, Bermuda
(Principal office address)

(same)
(Current mailing address)

8. Real estate sales and related real property transactions only.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

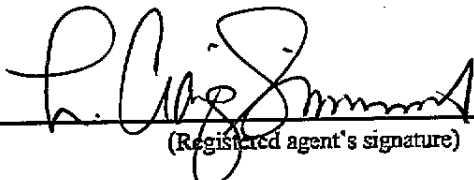
Name: L. Craig Simmons

Office Address: 640 South Main Street

La Belle, Florida 33935
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Ben Hill Griffin, III

Address: 640 South Main Street

La Belle, FL 33935

Director: ~~W. Bernard Lester~~ W. Bernard Lester

Address: 640 South Main Street

La Belle, FL 33935

Director: Thomas E. Oakley

Address: 640 South Main Street

La Belle, FL 33935

Director: L. Craig Simmons

Address: 640 South Main Street

La Belle, FL 33935

B. OFFICERS

President: Ben Hill Griffin, III

Address: 640 South Main Street

La Belle, FL 33935

Vice President: W. Bernard Lester

Address: 640 South Main Street

La Belle, FL 33935

Secretary: I. S. Outerbridge

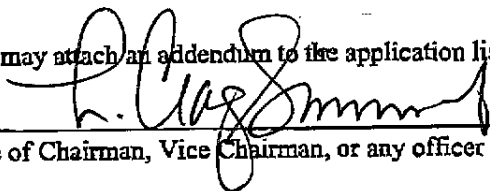
Address: Clarendon House, Church Street, Hamilton HM 11, Bermuda

Treasurer: L. Craig Simmons

Address: 640 South Main Street, La Belle, FL 33935

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. L. Craig Simmons, Treasurer
(Typed or printed name and capacity of person signing application)

**Addendum to Application by Foreign Corporation for Authorization to
Transact Business in Florida**

Additional Directors:

Colin M. Alexander
c/o Mutual Risk Management Ltd.
44 Church Street
Hamilton HM 12
Bermuda

Lisa J. Marshall
Clarendon House
Church Street
Hamilton HM 11
Bermuda

Christopher G. Garrod Alternate Director
Clarendon House
Church Street
Hamilton HM 11
Bermuda

P. Christopher Regan Alternate Director
44 Church Street
Hamilton HM 12
Bermuda

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MINISTRY OF FINANCE

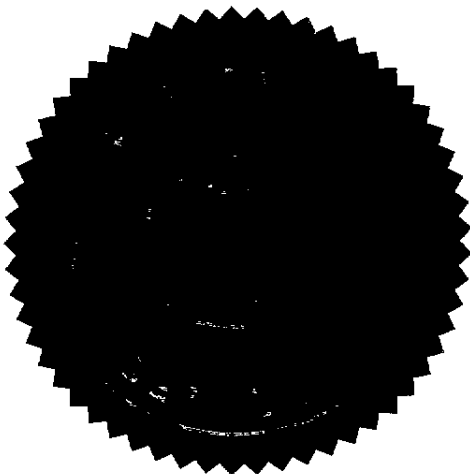
CERTIFICATE OF COMPLIANCE

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I, Julie Preece, **Assistant Inspector of Companies** of the Islands of Bermuda, do hereby certify that

Agri-Insurance Company, Ltd.

is an exempted Company to which the provisions of the Companies Act 1981 and all other relevant laws of Bermuda apply and is, at the date of this Certificate, authorised to exercise the powers vested in that Company.



IN WITNESS WHEREOF I have set
my hand and affix the Official Seal of
the REGISTRAR OF COMPANIES
this 15th day of May, 2001.

Julie Preece
Assistant Inspector of Companies