

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002786

FILED  
May 02, 2005  
Secretary of State

Entity Name: AGRI-INSURANCE COMPANY, LTD.

## Current Principal Place of Business:

44 CHURCH STREET  
PO BOX HM 2064  
HAMILTON HM HX,

## New Principal Place of Business:

44 CHURCH STREET  
PO BOX HM 2064  
HAMILTON HM HX, BM

## Current Mailing Address:

44 CHURCH STREET  
PO BOX HM 2064  
HAMILTON HM HX,

## New Mailing Address:

44 CHURCH STREET  
PO BOX HM 2064  
HAMILTON HM HX, BM

FEI Number: 98-0230554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SIMMONS, L. CRAIG  
640 SOUTH MAIN STREET  
LA BELLE, FL 33935 US

## Name and Address of New Registered Agent:

MURPHY, PAT  
640 SOUTH MAIN STREET  
LA BELLE, FL 33935 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAT MURPHY

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: LESTER, W. BERNARD  
Address: 640 SOUTH MAIN STREET  
City-St-Zip: LA BELLE, FL 33935

Title: S ( ) Delete  
Name: OUTERBRIDGE, I.S.  
Address: CLARENDON HOUSE/CHURCH ST/HAMILTON HM 11  
City-St-Zip: BERMUDA,

Title: TD ( ) Delete  
Name: SIMMONS, L. CRAIG  
Address: 640 SOUTH MAIN STREET  
City-St-Zip: LA BELLE, FL 33935

Title: D ( ) Delete  
Name: OAKLEY, THOMAS E  
Address: 640 SOUTH MAIN STREET  
City-St-Zip: LA BELLE, FL 33935

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition  
Name: ALEXANDER, JOHN  
Address: 640 SOUTH MAIN STREET  
City-St-Zip: LA BELLE, FL 33935

Title: S (X) Change ( ) Addition  
Name: OUTERBRIDGE, I.S.  
Address: CLARENDON HOUSE/CHURCH ST/HAMILTON HM 11  
City-St-Zip: BERMUDA, BM 33935

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT MURPHY

MR.

05/02/2005

Electronic Signature of Signing Officer or Director

Date