
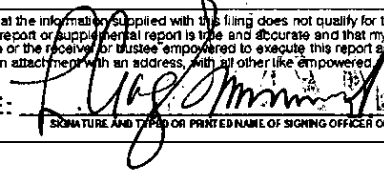


05-01-2003 90365 009 \*\*\*158.75

20037842

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000002786			
1. Entity Name AGRI-INSURANCE COMPANY, LTD.			
Principal Place of Business 44 CHURCH STREET HAMILTON HM 12 BERMUDA,		Mailing Address 44 CHURCH STREET HAMILTON HM 12 BERMUDA,	
2. Principal Place of Business 44 Church Street Suite, Apt. #, etc. P.O. Box HM 2064 City & State Hamilton HM HX Zip Bermuda		3. Mailing Address 44 Church Street Suite, Apt. #, etc. P.O. Box. HM 2064 City & State Hamilton HM HX Zip Bermuda	
<input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
4. FEI Number 98-0230554		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SIMMONS, L. CRAIG 640 SOUTH MAIN STREET LA BELLE, FL 33935		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when retaining)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GRIFFIN, BEN H III 640 SOUTH MAIN STREET LA BELLE, FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LESTER, W. BERNARD 640 SOUTH MAIN STREET LA BELLE, FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OUTERBRIDGE, I.S. CLARENDON HOUSE/CHURCH ST/HAMILTON HM 11 BERMUDA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMMONS, L. CRAIG 640 SOUTH MAIN STREET LA BELLE, FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKLEY, THOMAS E 640 SOUTH MAIN STREET LA BELLE, FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 4/28/03(863) 675-2966	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2EC04 (10/02)