


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 823589 (7)**

1. Corporation Name  
**AMERICAN AGRICULTURAL INSURANCE COMPANY**

Principal Place of Business <b>225 WEST TOLUHY AVENUE                  PARK RIDGE ILLINOIS 60068</b>	Mailing Address <b>225 WEST TOLUHY AVENUE                  PARK RIDGE ILLINOIS 60068</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
Country	Country
<b>24</b>	<b>29</b>
<b>25</b>	<b>30</b>

**3.** Date Incorporated or Qualified  
**08/08/1969**

**4.** FEI Number  
**36-2661954**

**5.** Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6.** Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**INSURANCE COMMISSIONER  
 CAPITAL BLDG.  
 TALLAHASSEE FL 32304**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KLECKNER, DEAN</b>	
STREET ADDRESS	<b>9624 HAMMONTREE DR</b>	
CITY-ST-ZIP	<b>DES MOINES IA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MAYFIELD, C. DAVID</b>	
STREET ADDRESS	<b>3 BLACKHAWK ROAD</b>	
CITY-ST-ZIP	<b>HAWTHORN WOODS IL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LOOP, CARL B JR</b>	
STREET ADDRESS	<b>3570 JOSE TERRACE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>BEACHLE, FRED B</b>	
STREET ADDRESS	<b>270-A UNIVERSITY LANE</b>	
CITY-ST-ZIP	<b>ELK GROVE VILLAGE IL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BRODERICK, WILLIAM</b>	
STREET ADDRESS	<b>28851S LARK</b>	
CITY-ST-ZIP	<b>NAPERVILLE, IL 00000</b>	
TITLE	<b>VM</b>	<input type="checkbox"/> DELETE
NAME	<b>APPLEQUIST, VIRGIL H.</b>	
STREET ADDRESS	<b>1302 S. TAMARACK</b>	
CITY-ST-ZIP	<b>MT. PROSPECT IL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>912 Sanborn</b>
6.4 CITY-ST-ZIP	<b>Palatine, IL</b>

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Virgil H. Applequist* Virgil H. Applequist 4/15/98 (847)685-8600

CF2E094 (10/97)