

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90274 029 \*\*\*150.00

0608678 AT

**DOCUMENT # 823589**  
 1. Entity Name  
**AMERICAN AGRICULTURAL INSURANCE COMPANY**

Principal Place of Business      Mailing Address  
**225 WEST TOUHY AVENUE**      **225 WEST TOUHY AVENUE**  
**PARK RIDGE IL 60068**      **PARK RIDGE IL 60068**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		36-2661954		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
Zip	Country	Zip	Country	<input type="checkbox"/>			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>INSURANCE COMMISSIONER</b> <b>CAPITAL BLDG.</b> <b>TALLAHASSEE FL 32304</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALLMAN, ROY ROBERT JR		NAME		
STREET ADDRESS	225 W TOUHY AVE		STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE IL 60068		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, RICHARD		NAME		
STREET ADDRESS	225 W TOUHY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE IL 60068		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOOP, CARL B JR		NAME		
STREET ADDRESS	3570 JOSE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACHLE, FRED B		NAME		
STREET ADDRESS	270-A UNIVERSITY LANE		STREET ADDRESS		
CITY-ST-ZIP	ELK GROVE VILLAGE IL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, RICHARD		NAME		
STREET ADDRESS	225 W TOUHY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE IL 60068		CITY-ST-ZIP		
TITLE	VM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLEQUIST, VIRGIL H.		NAME		
STREET ADDRESS	912 SANBORN		STREET ADDRESS		
CITY-ST-ZIP	PALATINE IL		CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Virgil H. Applequist **REQUIRED** Virgil H. Applequist 2-28-2002 847-685-8600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)