


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90142 008 ***150.00

DOCUMENT # 823589			
1. Entity Name AMERICAN AGRICULTURAL INSURANCE COMPANY			
Principal Place of Business 225 WEST TOUHY AVENUE PARK RIDGE, IL 60068		Mailing Address 225 WEST TOUHY AVENUE PARK RIDGE, IL 60068	
2. Principal Place of Business 1501 E. Woodfield Rd, St 300W		3. Mailing Address 1501 E. Woodfield Rd, St 300W	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Schaumburg, Illinois		City & State Schaumburg, Illinois	
Zip 60173		Country	
4. FEI Number 36-2661954		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD STALLMAN, ROY ROBERT JR 225 W TOUHY AVE PARK RIDGE, IL 60068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1501 E. Woodfield Rd, Suite 300W Schaumburg, Illinois 60173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, RICHARD 225 W TOUHY AVENUE PARK RIDGE, IL 60068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Richard W. Newpher <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1501 E. Woodfiled Rd, Suite 300W Schaumburg, Illinois 60173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOOP, CARL B JR 3570 JOSE TERRACE JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1501 E. Woodfield Road, Suite 300W Schaumburg, Illinois 60173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BEACHLE, FRED B 270-A UNIVERSITY LANE ELK GROVE VILLAGE, IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1501 E. Woodfiled Road, Suite 300W Schaumburg, Illinois 60173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, RICHARD 225 W TOUHY AVENUE PARK RIDGE, IL 60068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Richard W. Newpher <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1501 E. Woodfield Road, Suite 300W Schaumburg, Illinois 60173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM APPLEQUIST, VIRGIL H. 912 SANBORN PALATINE, IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1501 E. Woodfield Road, Suite 300W Schaumburg, Illinois 60173
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Richard W. Newpher</u>		2-18-2005 847-969-2900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	