


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 823589</b>			
1. Entity Name <b>AMERICAN AGRICULTURAL INSURANCE COMPANY</b>			
Principal Place of Business <b>1501 EAST WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173 US</b>		Mailing Address <b>1501 EAST WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01182006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>36-2661954</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAMES ST TALLAHASSEE, FL 32399-0000</b>			<b>DO NOT WRITE IN THIS SPACE</b>
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 reappointing) <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		<b>U000000412325 02/10/06-80042-019 150.00</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STALLMAN, ROY ROBERT JR 1501 EAST WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEWPHER, RICHARD W 1501 EAST WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOOP, CARL B JR 1501 EAST WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BEACHLE, FRED B 1501 EAST WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM APPLEQUIST, VIRGIL H. 1501 EAST WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> <u>Virgil H Applequist</u>		<b>1-20-2006</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	