


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 823589	
1. Entity Name AMERICAN AGRICULTURAL INSURANCE COMPANY	

Principal Place of Business 1501 EAST WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173 US	Mailing Address 1501 EAST WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173 US
---	---



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
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	

U00000609289
02/01/07-80044-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Virgil H. Applequist* **1-25-2007 847-969-2900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #