

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006542

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** AMERICAN AGRI-BUSINESS INSURANCE COMPANY

**Current Principal Place of Business:**

7101 82ND ST  
LUBBOCK, TX 79424

**New Principal Place of Business:**

**Current Mailing Address:**

7101 82ND ST  
LUBBOCK, TX 79424

**New Mailing Address:**

**FEI Number:** 74-1556924      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ETHEREDGE, TEDDY D  
Address: 7101 82ND ST  
City-St-Zip: LUBBOCK, TX 79424

Title: D  
Name: SCHEEF, SAMUEL R  
Address: 7101 82ND ST  
City-St-Zip: LUBBOCK, TX 79424

Title: S  
Name: LURIE, DANIEL S  
Address: 333 WESTCHESTER AVE  
City-St-Zip: WHITE PLAINS, NY 10604

Title: D  
Name: MCGUIRE, MICHAEL J  
Address: 750 3RD AVE.  
City-St-Zip: NEW YORK, NY 10017

Title: TD  
Name: JONES, MICHAEL W  
Address: 7101 82ND ST  
City-St-Zip: LUBBOCK, TX 79424

Title: D  
Name: CASH, DAVID S  
Address: 750 3RD AVE.  
City-St-Zip: NEW YORK, NY 10017

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL W. JONES

TD

02/09/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date