### **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000003727

Entity Name: AMTRUST AGRICULTURE INSURANCE SERVICES, LLC

FILED Feb 05, 2020 Secretary of State 1238039214CC

# **Current Principal Place of Business:**

11300 TOMAHAWK CREEK PKWY SUITE 300 LEAWOOD, KS 66211

# **Current Mailing Address:**

11300 TOMAHAWK CREEK PKWY SUITE 300 LEAWOOD, KS 66211 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

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

# Authorized Person(s) Detail:

Title MEMBER

Name PRODUCERS AG INSURANCE

GROUP, INC.

Address 11300 TOMAHAWK CREEK PKWY

SUITE 300

City-State-Zip: LEAWOOD KS 66211

SIGNATURE: JOHN E. SHEELEY

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

**AUTHORIZED PERSON** 

02/05/2020

Date