

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006542

Entity Name: AMERICAN AGRI-BUSINESS INSURANCE COMPANY**Current Principal Place of Business:**7101 82ND ST
LUBBOCK, TX 79424**Current Mailing Address:**7101 82ND ST
LUBBOCK, TX 79424**FEI Number: 74-1556924****Certificate of Status Desired: Yes****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**Officer/Director Detail :**Title DP
Name SMITH, MICHAEL W
Address 7101 82ND ST
City-State-Zip: LUBBOCK TX 79424Title S
Name LURIE, DANIEL S
Address 333 WESTCHESTER AVE
City-State-Zip: WHITE PLAINS NY 10604Title TD
Name JONES, MICHAEL W
Address 7101 82ND ST
City-State-Zip: LUBBOCK TX 79424Title D
Name SCHEEF, SAMUEL R
Address 7101 82ND ST
City-State-Zip: LUBBOCK TX 79424Title D
Name MCGUIRE, MICHAEL J
Address 750 3RD AVE.
City-State-Zip: NEW YORK NY 10017Title D
Name KUHN, JOHN A
Address 750 3RD AVE.
City-State-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**TREASURER****01/15/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date