

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002016

Entity Name: AGRINATIONAL INSURANCE COMPANY**Current Principal Place of Business:**76 ST. PAUL STREET, STE 500
BURLINGTON, VT 05401**Current Mailing Address:**76 ST. PAUL STREET, STE 500
BURLINGTON, VT 05401**FEI Number:** 36-3544354**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
SUITE 250
PLANTATION, FL 33324 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 PRESIDENT, DIRECTOR
Name FINDLAY, D. CAMERON
Address 77 W. WACKER DRIVE
 SUITE 4600
City-State-Zip: CHICAGO IL 60601

Title VP, TREASURER, DIRECTOR
Name YOUNG, RAY G
Address 4666 FARIES PARKWAY
City-State-Zip: DECATUR IL 62526

Title DIRECTOR
Name BOERM, CHRISTOPHER
Address 4666 FAIRIES PARKWAY
City-State-Zip: DECATUR IL 62526

Title VP, SECRETARY, DIRECTOR
Name JOY, PETER A
Address 76 ST. PAUL ST., STE 500
City-State-Zip: BURLINGTON VT 05401

Title DIRECTOR
Name SCOTT, JOHN P
Address 4666 FARIES PARKWAY
City-State-Zip: DECATUR IL 62526

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: PETER A. JOYVICE PRESIDENT,
SECRETARY

03/26/2018

Electronic Signature of Signing Officer/Director Detail

Date