

1.) CORPORATION NAME:

AMERICAN FARM MORTGAGE COMPANY, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

DUE DATE: **4/30/2012**

SCC ID NO: **F1543679**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8901 GREENWAY COMMONS PL
STE 200

CITY/ST/ZIP: LOUISVILLE, KY 40220-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KATHY A DAILY
TITLE: PRESIDENT
ADDRESS: 8901 GREENWAY COMMONS PL
STE 200
CITY/ST/ZIP/CO: LOUISVILLE, KY 40220-

OFFICER DIRECTOR

NAME: BRIAN BANET
TITLE: SECRETARY
ADDRESS: 8901 GREENWAY COMMONS PL
STE 200
CITY/ST/ZIP/CO: LOUISVILLE, VA 40220-

OFFICER DIRECTOR

NAME: DONALD POORE
TITLE: TREASURER
ADDRESS: 8901 GREENWAY COMMONS PL
SUITE 200
CITY/ST/ZIP/CO: LOUISVILLE, KY 40220-

OFFICER DIRECTOR

NAME: KENNETH ETIENNE
TITLE: DIRECTOR
ADDRESS: 8901 GREENWAY COMMONS PL
SUITE 200
CITY/ST/ZIP/CO: LOUISVILLE, KY 40220-

OFFICER DIRECTOR

NAME: MARTIN B ROWE TITLE: DIRECTOR ADDRESS: 8901 GREENEWAY COMMONS PL SUITE 200 CITY/ST/ZIP/CO: LOUISVILLE, KY 40220-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RICK J WILLIAMS TITLE: DIRECTOR ADDRESS: 8901 GREENEWAY COMMONS PL SUITE 200 CITY/ST/ZIP/CO: LOUISVILLE, KY 40220-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KEVIN D BECKEMEYER TITLE: DIRECTOR ADDRESS: 8901 GREENEWAY COMMONS PL SUITE 200 CITY/ST/ZIP/CO: LOUISVILLE, KY 40220-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL TISON TITLE: DIRECTOR ADDRESS: 8901 GREENEWAY COMMONS PL SUITE 200 CITY/ST/ZIP/CO: LOUISVILLE, KY 40220-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: C. VINCE KASIAR TITLE: DIRECTOR ADDRESS: 8901 GREENEWAY COMMONS PL SUITE 200 CITY/ST/ZIP/CO: LOUISVILLE, KY 40220-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ BRIAN BANET	BRIAN BANET, SECRETARY	3/12/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		