

1.) CORPORATION NAME:

AMERICAN FARM MORTGAGE COMPANY, INC.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1543679**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8901 GREENEWAY COMMONS PLACE
SUITE 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:	ALAN HOSKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8901 GREENEWAY COMMONS PL STE 200		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40220		

NAME:	TIA CHASE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8901 GREENEWAY COMMONS PLACE SUITE 200		
CITY/ST/ZIP/CO:	LOUISEVILLE, KY 40220		

NAME:	BRIAN BANET	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8901 GREENEWAY COMMONS PL STE 200		
CITY/ST/ZIP/CO:	LOUISVILLE, VA 40220		

NAME:	RICK J WILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	8901 GREENEWAY COMMONS PL SUITE 200		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40220		

NAME:	KEVIN D BECKEMEYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8901 GREENEWAY COMMONS PL SUITE 200		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40220		

NAME: KENNETH ETIENNE 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	
NAME: DONALD POORE 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: 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: 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	
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/ TIA CHASE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIA CHASE, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/13/2014 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.		