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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1 of 3

DOCUMENT # **841159** **(7)**

1. Corporation Name

MUTUAL SERVICE CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 64035 ST. PAUL MN 55164-0035 US	P.O. BOX 64035 ST. PAUL MN 55164-0035 US

3. Date Incorporated or Qualified: **07/28/1978**
3a. Date of Last Report: **02/16/1995**

4. FEI Number: **41-0121640** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Two Pine Tree Drive	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Arden Hills, MN	City & State 28
Zip / Country 24 55112 / 25 US	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSONER
CAPITOL BLDG
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required if agent changed

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V POWERS, JOSEPH R. 15375 STANBURRY CURVE EDEN PR	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition Eden Prairie, MN 55347
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS ZINN, CHESTER A JR 6233 KNOLL DRIVE EDINA, MN 00000	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition Edina, MN 55436
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V QUANDT III, CHARLES W. 4283 HILLVIEW LANE VADNAIS HEIGHTS MN	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition Vadnais Heights, MN 55127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GRAY, DONALD M 321 ASCOT COURT NEW BRIGHTON MN	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition New Brighton, MN 55112
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VAN HOUTEN, JAMES F. 1160 CUSHING CIRCLE, APT 210 ST PAUL MN	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition 401 South First Street, #1811 Minneapolis, MN 55401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT ROHDE, STEPHEN L. 1985 BAYARD AVENUE ST. PAUL MN	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition 1966 Edgcumbe Road St. Paul, MN 55116

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chester A. Zinn, Jr. **Chester A. Zinn, Jr.** **3/8/96** **612/631-7010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MUTUAL SERVICE CASUALTY INSURANCE COMPANY

BOARD OF DIRECTORS

John B. Shaffer
(Chairman of the Board)
Shaffer Farms, Inc.
Route 3, Box 157
Pipestone, MN 56164

Gasper Kovach, Jr.
(Vice Chairman of the Board)
HESCO
SR 540, P.O. Box K
Waverly, FL 33877

John Clark Boatman
Luckey Farmers, Inc.
1200 W. Main
Woodville, OH 43469

Burdette L. Frew
MFA Incorporated
615 Locust Street
Columbia, MO 65201

Donald R. Gilles
Durand Cooperative
P.O. Box 250, 514 East Main
Durand, WI 54736

Eugene N. Hager
R. #1, Box 84
St. Peter, MN 56082

Norman T. Jones
GROWMARK, Inc.
1701 Towanda Avenue
Bloomington, IL 61701

LeRoy K. Peterson
Larsen Cooperative Co.
8283 Co. Hwy. T
Larsen, WI 54947

Russell B. Porath
211-19th St. SE, Apt. #2
Watertown, SD 57201

Dixie Lee Riddle
No. 11106 Moffat Road
Mead, WA 99021

Philip R. Walker
Tennessee Farmers Cooperative
200 Waldron Road
LaVergne, TN 37086

MUTUAL SERVICE CASUALTY INSURANCE COMPANY

OFFICERS (cont.)

List of Officers	Title	Address
Alan T. Reiss	V	1827 Park Avenue Mahtomedi, MN 55115
Randall I. Stoneking	V	2525 Wilshire Court Mendota Heights, MN 55125
Gilbert F. Wenzel	V	861 Autumn Drive Woodbury, MN 55125
Michele Williams-Abbott	V	5610 Sycamore Lane Plymouth, MN 55442
Richard V. Atkinson	V	8712 Loch Lomond Boulevard Brooklyn Park, MN 55443