

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 23 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005765 (3)
 1. Corporation Name
RURAL COMMUNITY INSURANCE AGENCY, INC.



Principal Place of Business 3501 THURSTON AVENUE ANOKA MN 55303	Mailing Address SIXTH AND MARQUETTE MINNEAPOLIS MN 55479-1026
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1993	3a. Date of Last Report 04/17/1996
21		26	3501 Thurston Ave.	4. FEI Number 47-1708414	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State Anoka MN		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29	55303	30	USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33325				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELLY, MICHAEL E	1.2 NAME	
STREET ADDRESS	3501 THURSTON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANOKA MN 55303-1060	1.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, GARY G	2.2 NAME	
STREET ADDRESS	101 N. PHILLIPS	2.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD 57117	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORMODSGARD, LYNN	3.2 NAME	
STREET ADDRESS	101 N. PHILLIPS	3.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD 57117	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, MICHAEL P	4.2 NAME	
STREET ADDRESS	3501 THURSTON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANOKA MN 55303	4.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAF, MICHAEL A	5.2 NAME	CFO - Secretary
STREET ADDRESS	SIXTH AND MARQUETTE	5.3 STREET ADDRESS	Timothy A. Verbrugge
CITY-ST-ZIP	MINNEAPOLIS MN 55479	5.4 CITY-ST-ZIP	101 N. Phillips
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'KEEFE, REBECCA E	6.2 NAME	Siox Falls, SD 57102-0543
STREET ADDRESS	SIXTH AND MARQUETTE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55479	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Margaret M. Peterson* **9-17-97** **612-667-0267**

CR2E034 (4/97)

**Directors and Officers
Rural Community Insurance Agency, Inc.**

DIRECTORS:

Michael E. Connealy Director
Primary : 3501 Thurston Avenue
Address : Anoka, MN 55303

Gary G. Olson Director
Primary : 101 North Phillips
Address : Sioux Falls, SD 57102-0543

Lynn Thormodsgard Director
Primary : 101 North Phillips
Address : Sioux Falls, SD 57102-0543

OFFICERS:

Michael E. Connealy President
Primary : 3501 Thurston Avenue
Address : Anoka, MN 55303

Gary G. Olson Chairman & Chief Executive Officer
Primary : 101 North Phillips
Address : Sioux Falls, SD 57102-0543

Michael P. Day Vice President
Primary : 101 North Phillips
Address : Sioux Falls, SD 57102-0543

James A. Horton Vice President
Primary : Sixth and Marquette
Address : Minneapolis, MN 55479-1013

Marlene C. Merten Licensing Officer
Primary : 3501 Thurston Avenue
Address : Anoka, MN 55303

David M. Stautz Vice President
Primary : Sixth and Marquette
Address : Minneapolis, MN 55479-0088

Timothy A. Verbrugge Chief Financial Officer, Treasurer
& Secretary
Primary : 101 North Phillips
Address : Sioux Falls, SD 57102-0543

Margaret M. Weber Assistant Secretary
Primary : Sixth and Marquette
Address : Minneapolis, MN 55479-1026

OTHER:

Albert W. Hall Resident Broker/Agent
Primary : 27 Sturbridge Road
Address : P.O. Box 47
Charlton City, MA 01508-0047