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**Mar 04, 1999 8:00 am**  
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F93000005765**  
 1. Corporation Name  
**RURAL COMMUNITY INSURANCE AGENCY, INC.**

Principal Place of Business: 3501 THURSTON AVENUE ANOKA MN 55303  
 Mailing Address: 3501 THURSTON AVE ANOKA MN 55303 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	12/20/1993	47-1708414	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	41-1708414	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>		
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29	30		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33325

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 \_\_\_\_\_ (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	CONNEALY, 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 checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORMODSGARD, LYNN	3.2 NAME	Kevin P. Berg
STREET ADDRESS	101 N. PHILLIPS	3.3 STREET ADDRESS	80 S 8th Street, Suite 355
CITY-ST-ZIP	SIOUX FALLS SD 57117	3.4 CITY-ST-ZIP	Minneapolis, MN 55479-2119
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	CFOS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERBRUGGE, TIMOTHY A	5.2 NAME	
STREET ADDRESS	101 N PHILLIPS	5.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Michael Connealy* Michael Connealy 02/12/99 612 427-0290  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)