


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90005 013 \*\*\*150.00

**DOCUMENT # F93000005765**

1. Entity Name  
**RURAL COMMUNITY INSURANCE AGENCY, INC.**



Principal Place of Business      Mailing Address

**3501 THURSTON AVENUE**      **3501 THURSTON AVE**  
**ANOKA, MN 55303**      **ANOKA, MN 55303 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

Zip      Country      Zip      Country

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

**34062262**



07012004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**41-1708414**      Not Applicable

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	CONNEALY, MICHAEL E	
STREET ADDRESS	3501 THURSTON AVE.	
CITY-ST-ZIP	ANOKA, MN 553031060	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, TIMOTHY J	
STREET ADDRESS	600 S HIGHWAY 169	
CITY-ST-ZIP	ST LOUIS PARK, MN 55426	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERG, KEVIN P	
STREET ADDRESS	80 S 8TH ST STE 355	
CITY-ST-ZIP	MINNEAPOLIS, MN 554792119	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAY, MICHAEL P	
STREET ADDRESS	3501 THURSTON AVE,	
CITY-ST-ZIP	ANOKA, MN 55303	
TITLE	CFOS	<input checked="" type="checkbox"/> Delete
NAME	VERBRUGGE, TIMOTHY A	
STREET ADDRESS	3501 THURSTON AVENUE	
CITY-ST-ZIP	ANOKA, MN 553031060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERBRUGGE, TIMOTHY A	
STREET ADDRESS	3501 THURSTON AVENUE	
CITY-ST-ZIP	ANOKA MN 55303-1060	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, KEVIN P.	
STREET ADDRESS	3501 THURSTON AVENUE	
CITY-ST-ZIP	ANOKA MN 55303-1060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNKER-WOLLNER, LORI	
STREET ADDRESS	3501 THURSTON AVENUE	
CITY-ST-ZIP	ANOKA MN 55303-1060	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERTEN, MARLENE	
STREET ADDRESS	3501 THURSTON AVENUE	
CITY-ST-ZIP	ANOKA MN 55303-1060	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Lori Hunker-Wollner*      Date: **7-1-04**      Daytime Phone #: **763433-2344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #