


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90085 005 ***150.00

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1. Entity 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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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: _____ DATE: _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CONNELLY, MICHAEL E
STREET ADDRESS	3501 THURSTON AVE.
CITY-ST-ZIP	ANOKA, MN 553031060
TITLE	D
NAME	VERBRUGGE, TIMOTHY A
STREET ADDRESS	3501 THURSTON AVENUE
CITY-ST-ZIP	ANOKA, MN 55303
TITLE	D
NAME	BERG, KEVIN P
STREET ADDRESS	3501 THURSTON AVENUE
CITY-ST-ZIP	ANOKA, MN 55303
TITLE	VP
NAME	DAY, MICHAEL P
STREET ADDRESS	3501 THURSTON AVE,
CITY-ST-ZIP	ANOKA, MN 55303
TITLE	CFO
NAME	HUINKER-WOLLNER, LORI
STREET ADDRESS	3501 THURSTON AVENUE
CITY-ST-ZIP	ANOKA, MN 553031060
TITLE	S
NAME	MERTEN, MARLENE
STREET ADDRESS	3501 THURSTON AVENUE
CITY-ST-ZIP	ANOKA, MN 55303

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 319.07(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 Huinker Wollner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2-7-05*
 Daytime Phone #: *763-433-2344*