

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005765

FILED
Jan 05, 2006
Secretary of State

Entity Name: RURAL COMMUNITY INSURANCE AGENCY, INC.

Current Principal Place of Business:

3501 THURSTON AVENUE
ANOKA, MN 55303

New Principal Place of Business:

Current Mailing Address:

3501 THURSTON AVE
ANOKA, MN 55303 US

New Mailing Address:

FEI Number: 41-1708414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CONNEALY, MICHAEL E
Address: 3501 THURSTON AVE.
City-St-Zip: ANOKA, MN 553031060

Title: D () Delete
Name: VERBRUGGE, TIMOTHY A
Address: 3501 THURSTON AVENUE
City-St-Zip: ANOKA, MN 55303

Title: D () Delete
Name: BERG, KEVIN P
Address: 3501 THURSTON AVENUE
City-St-Zip: ANOKA, MN 55303

Title: VP () Delete
Name: DAY, MICHAEL P
Address: 3501 THURSTON AVE,
City-St-Zip: ANOKA, MN 55303

Title: CFOS () Delete
Name: HUINKER-WOLLNER, LORI
Address: 3501 THURSTON AVENUE
City-St-Zip: ANOKA, MN 553031060

Title: S () Delete
Name: MERTEN, MARLENE
Address: 3501 THURSTON AVENUE
City-St-Zip: ANOKA, MN 55303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE MERTEN

S

01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date