


**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

FILED

2006 JUN 27 AM 11: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005765					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 41-1708414 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNELLY, MICHAEL E		NAME	Randy Tronnes	
STREET ADDRESS	3501 THURSTON AVE.		STREET ADDRESS	3501 Thurston Ave.	
CITY-ST-ZIP	ANOKA, MN 553031060		CITY-ST-ZIP	Anoka, MN 55303	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERBRUGGE, TIMOTHY A		NAME	Sandra Coltman	
STREET ADDRESS	3501 THURSTON AVENUE		STREET ADDRESS	3501 Thurston Ave.	
CITY-ST-ZIP	ANOKA, MN 55303		CITY-ST-ZIP	Anoka, MN 55303	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, KEVIN P		NAME		
STREET ADDRESS	3501 THURSTON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ANOKA, MN 55303		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, MICHAEL P		NAME		
STREET ADDRESS	3501 THURSTON AVE.		STREET ADDRESS		
CITY-ST-ZIP	ANOKA, MN 55303		CITY-ST-ZIP		
TITLE	CFOS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUINKER-WOLLNER, LORI		NAME		
STREET ADDRESS	3501 THURSTON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ANOKA, MN 553031060		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERTEN, MARLENE		NAME		
STREET ADDRESS	3501 THURSTON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ANOKA, MN 55303		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Marlene Merten</i>		Marlene Merten, Secretary		6/26/06 763/323-2118	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



06202006 Chg-P CR2E034 (11/05)

4. FEI Number 41-1708414

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

*B. 6/29/06*

600077086906  
07/06/06--01046--012 \*\*\$61.25