

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005765

FILED  
Feb 12, 2007  
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: PD ( ) Delete  
Name: TRONNES, RANDY  
Address: 3501 THURSTON AVE.  
City-St-Zip: ANOKA, MN 55303

Title: D ( ) Delete  
Name: COLTMAN, SANDRA  
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

Electronic Signature of Signing Officer or Director

SECR

02/12/2007

\_\_\_\_\_ Date