

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005765

FILED
Apr 22, 2012
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

OFFICERS AND DIRECTORS:

Title: PD
Name: DAY, MICHAEL P
Address: 3501 THURSTON AVE.
City-St-Zip: ANOKA, MN 55303

Title: D
Name: COLTMAN, SANDRA J
Address: 3501 THURSTON AVENUE
City-St-Zip: ANOKA, MN 55303

Title: DEVP
Name: BERG, KEVIN P
Address: 3501 THURSTON AVENUE
City-St-Zip: ANOKA, MN 55303

Title: EVP
Name: LEVY, RICHARD D
Address: 3501 THURSTON AVENUE
City-St-Zip: ANOKA, MN 55303

Title: CFO
Name: SANTERS, MARC J
Address: 3501 THURSTON AVENUE
City-St-Zip: ANOKA, MN 553031060

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

I hereby 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 all other like empowered.

SIGNATURE: MARLENE C. MERTEN

S

04/22/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date