

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000005765

**Entity Name:** RURAL COMMUNITY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3501 THURSTON AVENUE  
ANOKA, MN 55303

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC7447575289**

**Current Mailing Address:**

3501 THURSTON AVE  
ANOKA, MN 55303 US

**FEI Number: 41-1708414**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title PD  
Name DAY, MICHAEL P  
Address 3501 THURSTON AVENUE  
City-State-Zip: ANOKA MN 55303

Title D  
Name LANGER-HANSEN, DONNA J  
Address 3501 THURSTON AVENUE  
City-State-Zip: ANOKA MN 55303

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

Title TCFO  
Name SANTERS, MARC J  
Address 3501 THURSTON AVENUE  
City-State-Zip: ANOKA MN 55303

Title S  
Name LARSON, DEBORAH M  
Address 3501 THURSTON AVENUE  
City-State-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: DEBORAH M. LARSON**

**SECRETARY**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date