

**2016 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

**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 DIRECTOR, TREASURER, CFO, COO,  
VP  
Name BERG, KEVIN P  
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

Title VP  
Name FINK, JEFFREY OREN  
Address 90 S 7TH ST  
City-State-Zip: MINNEAPOLIS MN 55402

Title VP  
Name HANSON, JAMES ERIC  
Address 90 S 7TH ST  
City-State-Zip: MINNEAPOLIS MN 55479

Title VP  
Name GREENWOOD, RICHARD J  
Address 3501 THURSTON AVENUE  
City-State-Zip: ANOKA MN 55303

Title VP  
Name HOFFE, TRACI L  
Address 90 S 7TH ST  
City-State-Zip: MINNEAPOLIS MN 55402

**Continues on page 2**

*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**

**ASSISTANT SECRETARY**

**04/18/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name HORTON, JAMES ALLEN  
Address 90 S 7TH ST  
City-State-Zip: MINNEAPOLIS MN 55479

Title ASST. SECRETARY  
Name MCCOMBS, DEBRA I  
Address 800 WALNUT ST  
City-State-Zip: DES MOINES IA 50309

Title VP  
Name ROWE, TONYA LYNN  
Address 3501 THURSTON AVENUE  
City-State-Zip: ANOKA MN 55303

Title VP  
Name LEVY, RICHARD DAVID  
Address 343 SANSOME ST  
City-State-Zip: SAN FRANCISCO CA 94104

Title VP  
Name NELSON, KAREN B  
Address 90 S 7TH ST  
City-State-Zip: MINNEAPOLIS MN 55479