

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852734

1. Entity Name

AGRI GENERAL INSURANCE SERVICE, INC.

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90042 018 ***150.00

0624987
AT

Principal Place of Business

1501 50TH ST., SUITE 200
WEST DES MOINES IA 50266-5962
US

Mailing Address

1501 50TH ST., SUITE 200
WEST DES MOINES IA 50266-5962
US

2. Principal Place of Business

9200 Northpark Drive

Suite, Apt. #, etc.

Suite 300

City & State

Johnston, IA

3. Mailing Address

9200 Northpark Drive

Suite, Apt. #, etc.

Suite 300

City & State

Johnston, IA

Zip

50131

Country

U.S.

Zip

50131

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1167766

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	CONLON, JAY G	
STREET ADDRESS	300 RIVER DRIVE NORTH STE #2	
CITY-ST-ZIP	GREAT FALLS MT 59401	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, RYAN	
STREET ADDRESS	1501 50TH ST., SUITE 200	
CITY-ST-ZIP	WEST DES MOINES IA 50266-5962	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAMB, NANCY	
STREET ADDRESS	1501 50TH ST., SUITE 200	
CITY-ST-ZIP	WEST DES MOINES IA 50266-5962	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOYCE, J H	
STREET ADDRESS	1501 50TH ST., SUITE 200	
CITY-ST-ZIP	WEST DES MOINES IA 50266-5962	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9200 Northpark Drive, Suite 300	
CITY-ST-ZIP	Johnston, IA 50131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9200 Northpark Drive, Suite 300	
CITY-ST-ZIP	Johnston, IA 50131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9200 Northpark Drive, Suite 300	
CITY-ST-ZIP	Johnston, IA 50131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Treasurer

4/1/02

(515) 559-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

#852734

**AGRI GENERAL INSURANCE SERVICE, INC.
2002 OFFICERS AND DIRECTORS**

NAME AND ADDRESS

POSITION HELD

J. H. Joyce
9200 Northpark Drive, Suite 300
Johnston, IA 50131

Chairman of the Board,
President, and Director

Jay G. Conlon
300 River Drive North, Suite #2
Great Falls, MT 59401

Vice President, Assistant
Treasurer, and Director

Steven C. Carthel
2201 Civic Circle, Suite 604
Amarillo, TX 79109

Vice President and Director

Tony G. Braswell
3120 Highwoods Blvd., Suite 202
Raleigh, NC 27604

Vice President and Director

Mark K. Classen
Two Carlson Parkway, Suite 255
Plymouth, MN 55447

Vice President and Director

Steven J. Wedel
North 200 Mullan Road, Suite 111
Spokane, WA 99206

Vice President and Director

Thomas D. Witthoft
9200 Northpark Drive, Suite 300
Johnston, IA 50131

Vice President

Ryan D. Miller
9200 Northpark Drive, Suite 300
Johnston, IA 50131

Chief Financial Officer and
Treasurer

Nancy Lamb
9200 Northpark Drive, Suite 300
Johnston, IA 50131

Secretary