

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90005 048 ***150.00

DOCUMENT # 852734

1. Entity Name
AGRI GENERAL INSURANCE SERVICE, INC.



Principal Place of Business
9200 NORTHPARK DR
STE 300
JOHNSTON, IA 50131 US

Mailing Address
9200 NORTHPARK DR
STE 300
JOHNSTON, IA 50131 US

94034503



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number
42-1167766

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD
NAME CONLON, JAY G
STREET ADDRESS 300 RIVER DRIVE NORTH STE #2
CITY-ST-ZIP GREAT FALLS, MT 59401

TITLE T
NAME MILLER, RYAN
STREET ADDRESS 9200 NORTHPARK DR. STE 300
CITY-ST-ZIP JOHNSTON, IA 50131

TITLE S
NAME LAMB, NANCY
STREET ADDRESS 9200 NORTHPARK DR. STE 300
CITY-ST-ZIP JOHNSTON, IA 50131

TITLE PD
NAME JOYCE, J H
STREET ADDRESS 9200 NORTHPARK DR. STE 300
CITY-ST-ZIP JOHNSTON, IA 50131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

3/15/04

Date

(515) 559-1000

Daytime Phone #

Attachment

852734

AGRI GENERAL INSURANCE SERVICE, INC. 2003 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

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

Vice President, Assistant
Treasurer, and Director

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

Vice President 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

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

Mike Davenport
9200 Northpark Drive, Suite 300
Johnston, IA 50131

Assistant Vice President and
General Counsel

Exhibit 'A'