2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2007 8:00 am **Secretary of State DOCUMENT #852734** 03-26-2007 90071 044 ***150.00 1. Entity Name AGRI GENERAL INSURANCE SERVICE, INC. 4004100-Principal Place of Business Mailing Address 9200 NORTHPARK DR 9200 NORTHPARK DR **STE 300** STE 300 JOHNSTON, IA 50131 US JOHNSTON, IA 50131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 Chg-P CR2F034 (12/06) City & State Applied For City & State 4. FEI Number 42-1167766 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Γ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 110 NORTH MAGNOLIA STREET TALLAHASSEE, FL 32301 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Skinature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent bignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VD Addition TITLE ☐ Delete TILLE ☐ Change GOODE, BUCK NAME NAME See attached Exhibit "A" STREET ADDRESS 3120 HIGHWOODS BLVD, STE 202 STREET ADDRESS CITY-ST-ZIP RALEIGH, NC 27604 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MILLER RYAN NAME NAME STREET ADDRESS 9200 NORTHPARK DR. STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JOHNSTON, IA 50131

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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BURRIER, NANCY

JOHNSTON, IA 50131

HARMS, STEVEN C

MILLER, RYAN D

CFOT

JOHNSTON, IA 50131

JOHNSTON, IA 50131

WITTHOFT, THOMAS D

JOHNSTON, IA 50131

9200 NORTHPARK DR. STE 300

SIGNATURE:	Trues.	New	Rvan D. Mil	ler Treasurer	3/20/07	(515) 559-1000
SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Dayun:e Pnone #	

ATTACHMENT 40041631

AGRI GENERAL INSURANCE SERVICE, INC. 2007 OFFICERS AND DIRECTORS

NAME AND) ADDRESS
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Steven C. Harms 9200 Northpark Drive, Suite 300

Johnston, IA 50131

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

Buck Goode 3120 Highwoods Blvd., Suite 202 Raleigh, NC 27604

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

Brian J. Laird 499 West Shaw Avenue, Suite 101 Fresno, CA 93704

Robert Goeres 4303 Albert Street, Suite 200 Regina, Saskatchewan S4S 3R6

Michael J. Davenport 9200 Northpark Drive, Suite 300 Johnston, IA 50131

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

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

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

POSITION HELD

Chairman of the Board, President, and Director

Vice President, Assistant Treasurer, and Director

Vice President and Director

Vice President and Director

Vice President and Director

Vice President and Director

Vice President, Secretary, and General Counsel

Assistant Secretary

Chief Financial Officer and

Treasurer

Vice President