


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90094 046 \*\*\*150.00

<b>DOCUMENT # 852734</b> 1. Entity Name <b>AGRI GENERAL INSURANCE SERVICE, INC.</b>					
Principal Place of Business <b>9200 NORTH PARK DR STE 300 JOHNSTON, IA 50131 US</b>			Mailing Address <b>9200 NORTH PARK DR STE 300 JOHNSTON, IA 50131 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>42-1167766</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GOODE, BUCK 3120 HIGHWOODS BLVD, STE 202 RALEIGH, NC 27604</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See attached Exhibit "A"</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MILLER, RYAN 9200 NORTH PARK DR. STE 300 JOHNSTON, IA 50131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BURRIER, NANCY 9200 NORTH PARK DR. STE 300 JOHNSTON, IA 50131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HARMS, STEVEN C 9200 NORTH PARK DR. STE 300 JOHNSTON, IA 50131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOT MILLER, RYAN D 9200 NORTH PARK DR. STE 300 JOHNSTON, IA 50131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WITTHOFT, THOMAS D 9200 NORTH PARK DR. STE 300 JOHNSTON, IA 50131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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.					
<b>SIGNATURE: <u>Ryan D. Miller</u> Ryan D. Miller, Treasurer 4/11/08 515-559-1000</b>					

# ATTACHMENT

## AGRI GENERAL INSURANCE SERVICE, INC. 2008 OFFICERS AND DIRECTORS

40075629

NAME AND ADDRESS

#85273A

POSITION HELD

Steven C. Harms  
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

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

Vice President and Director

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

Vice President and Director

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

Vice President and Director

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

Vice President and Director

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

Vice President, Secretary,  
and General Counsel

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

Assistant Secretary

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

Chief Financial Officer and  
Treasurer

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

Vice President