

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852734

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** AGRI GENERAL INSURANCE SERVICE, INC.

**Current Principal Place of Business:**

9200 NORTHPARK DRIVE  
SUITE 300  
JOHNSTON, IA 50131 US

**New Principal Place of Business:**

**Current Mailing Address:**

9200 NORTHPARK DRIVE  
SUITE 300  
JOHNSTON, IA 50131 US

**New Mailing Address:**

**FEI Number:** 42-1167766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: GOODE, CHARLES L VPD  
Address: 3120 HIGHWOODS BLVD, SUITE 202  
City-St-Zip: RALEIGH, NC 27604 US

Title: TCFO  
Name: OTTEN, TIMOTHY G TCFO  
Address: 9200 NORTHPARK DRIVE, SUITE 300  
City-St-Zip: JOHNSTON, IA 50131 US

Title: AS  
Name: HECKMAN, DIANE L AS  
Address: 9200 NORTHPARK DRIVE, SUITE 300  
City-St-Zip: JOHNSTON, IA 50131 US

Title: PDCB  
Name: HANEY, ROBERT L PDCB  
Address: 9200 NORTHPARK DRIVE, SUITE 300  
City-St-Zip: JOHNSTON, IA 50131 US

Title: VPD  
Name: CARTEL, STEVEN C VPD  
Address: 2201 CIVIC CIRCLE, SUITE 604  
City-St-Zip: AMARILLO, TX 79109 US

Title: VPD  
Name: LAIRD, BRIAN J VPD  
Address: 499 WEST SHAW AVENUE, SUITE 101  
City-St-Zip: FRESNO, CA 93704 US

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: TIMOTHY G. OTTEN

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04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date