2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852734

1. Entity Name

AGRI GENERAL INSURANCE SERVICE, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91396 002 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE S LAMB, NANCY STREET ADDRESS						- AD WE	است					
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Curry Zip Country S. Certificate of Status Desired Applied For Not Applied For N	9200 Northpark Dr Ste 300			9200 Northpark dr STE 300 Johnston IA 50131							- 1611 1411 11	
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Curry Zip Country S. Certificate of Status Desired Applied For Not Applied For N	US											
City & State Country Country Country S. Certificate of Status Desired Status Desired Status Desired State Desired State Desired State Address of New Registered Agent Name PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FI. 32301 City FL Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: TITLE NAME SIREH ADDRESS CITY-ST-ZIP TITLE NAME SIREH ADDRESS ONT-ST-ZIP TITLE S LAMB, NANCY JUB STATE ADDRESS OTH-ST-ZIP Change Addition JUB CHANGES JUB	2. Principal Place of Business			3. Mailing Address				/ (81)01		 	TIEN BIBIT ET	PE1 01011 1001
Zip Country Zip Country 5, Certificate of Status Desired Setting Desired Setti	Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301 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. I am familiar with, and accept the obligations of registered agent, Signature, typed or printed name of registered agent and side if applicable. (NOTE Registered Agent signature required when remaining) PATE FILE NOW!!! FEE IS \$150.00	City & State	e		City & State			/	. FEI Numbe	^{er} 42-1167766			
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301 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 pissed name of registered agent und tide if applicable. (NOTE Registered Agent signature required when reincitating) Signature, typed or pissed name of registered agent und tide if applicable. (NOTE Registered Agent signature required when reincitating) Signature, typed or pissed name of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept	Zip Country			Zip	Zip Coun							
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301 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 pissed name of registered agent und tide if applicable. (NOTE Registered Agent signature required when reincitating) Signature, typed or pissed name of registered agent und tide if applicable. (NOTE Registered Agent signature required when reincitating) Signature, typed or pissed name of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept			·	7	. Name and	Address of New Regis	tered Age	nt				
Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VD ONLON, JAY G STREET ADDRESS CITY-ST-ZIP GREAT FALLS MT 59401 TITLE TITLE TITLE TITLE TITLE MAME STREET ADDRESS CITY-ST-ZIP MILLER, RYAN SOON RIVER DRIVE NORTH STE #2 GREAT FALLS MT 59401 TITLE						Name						
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 tole if applicable. (NOTE Registered Agent signature required when reinstalling) PATE FILE NOW!!! FEE IS \$150.00						Street Ad	ddress (P.C	. Box Numbe	er is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its 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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	TALLAHASSEE FL 32301											
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tate if applicable.										FLİ	Zip Code	•
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME CONLON, JAY G STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	the obligati	tions of registe	red agent _.						h, in the State of Florida		iliar with, a	and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE VD NAME CONLON, JAY G STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS TITLE TITLE STREET ADDRESS TITLE TITLE TITLE STREET ADDRESS TITLE TITLE STREET ADDRESS TITLE TITLE STREET ADDRESS			FFF 10 6450 00									
TITLE NAME CONLON, JAY G STREET ADDRESS CITY-ST-ZIP GREAT FALLS MT 59401 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILLER, RYAN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S LAMB, NANCY STREET ADDRESS	After May 1, 2003 Fee will be \$550.00								, •			
TITLE NAME CONLON, JAY G STREET ADDRESS CITY-ST-ZIP GREAT FALLS MT 59401 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILLER, RYAN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S LAMB, NANCY STREET ADDRESS	10.	·	OFFICERS AND D	IRECTORS	11.			ADDITIONS/	CHANGES TO OFFICER	RS AND DI	RECTORS	IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	CONLON, 300 RIVER	IAY G DRIVE NORTH STE #2	_	NAM STR	ME EET ADDRESS						Addition
NAME STREET ADDRESS LAMB, NANCY 9200 NORTHPARK DR. STE 300 STREET ADDRESS	NAME STREET ADDRESS	9200 NORT	HPARK DR. STE 300	☐ Delet	NAM Str	ME EET ADDRESS					Change	Addition
	NAMĒ	LAMB, NAN 9200 NORT	HPARK DR. STE 300	□ Deleti	NAM STR	ME	<u> </u>				Change	☐ Addition

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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

PD

JOYCE, J H

JOHNSTON IA 50131

9200 NORTHPARK DR. STE 300

THILE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

VISITE AND THE OFFICE OF STANKE OF SIGNAL OF STANKE OF S

☐ Delete

☐ Delete

☐ Delete

4/21/03

(515) 559-1000

☐ Change

Change

☐ Change

Daytime Phone #

34 (10/02)

Addition

☐ Addition

☐ Addition

(212)

Attachment 90111099 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