INDE       FRUIL, JACOB J.       INDE       INDE       INDE       INDECTORS         AME       KRUIL, JACOB J.       ISTRET ADORESS       ISTRET ADORESS       ISTRET ADORESS         11900 EAST CORNELL AVENUE       ISTRET ADORESS       INT.ST.2P       IDALEST, FRANK C         AME       DANIELS, FRANK C       ISTRET ADORESS       INT.ST.2P         AME       DANIELS, FRANK C       ISTRET ADORESS         ITV.ST.2P       BILLINGS MT 59102       INT.ST.2P         ITV.ST.2P       BILLINGS MT 59102       INT.ST.2P         THEET ADORESS       ISTRET ADORESS         ITV.ST.2P       DELETE       ITTLE         AME       STEVENSON, WILLIAM B       ISTRET ADORESS         TREET ADORESS       ISTRET ADORESS       ISTRET ADORESS         AME       STEVENSON, WILLIAM B       ISTRET ADORESS         TREET ADORESS       ISTRET ADORESS       ISTRET ADORESS         AME       STEVENSON, WILLIAM B       ISTRET ADORESS         TITLE       AURORA CO 80014       IA CITY.ST.2P         AURORA CO 80014       DELETE       ITTLE         AURORA CO 80014       IDELETE       ITTLE         ITTLE       D       ISTRET ADORESS         ITTRET ADORESS       ISTRET ADORESS <th>COR ANNU</th> <th>PROFIT RPORATION JAL REPORT <b>1999</b></th> <th></th> <th>FLORIDA DEPART Katherine Secretary DiVISION OF CO</th> <th>e Harris of State</th> <th>N</th> <th>lar 23, 1 Secretai</th> <th><b>LED</b> [<b>999 8:(</b> ry of Sta 1045 050 ***15(</th> <th></th>	COR ANNU	PROFIT RPORATION JAL REPORT <b>1999</b>		FLORIDA DEPART Katherine Secretary DiVISION OF CO	e Harris of State	N	lar 23, 1 Secretai	<b>LED</b> [ <b>999 8:(</b> ry of Sta 1045 050 ***15(	
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Principul Place of Busines         2a. Mailing Address         4. FEI Number         Appled For           Suite, Apt. #, etc.         27         Suite, Apt. #, etc.         5. Conflictate of Status Desired	900 East co Jrora co 80	ORNELL AVENUE	119 AU	900 EAST CORNELL AVENI RORA CO 80014-3194		3. Date Inco	DO NOT WRIT		
Sulte, Apr. #, etc.         Solte, Apr. #, etc.	Principal Pl	lace of Business	2a.	Mailing Address		4- FEI Num	ber		
City & State       27       20       Country       2       Fee Required       2         City & State       20       Country       20       Country       20       Added to Fees         Zp       20       20       20       Country       1       This corporation owes the current year Intangable         Personal Property Tax       20       20       20       Personal Property Tax       Yes       20         9       Name and Address of Current Registered Agent       1       Name and Address of New Registered Agent       1       Yes       20         THE INSURANCE COMMISSIONER       1       1       Name       1       Name       1       Yes       20       20       2       Street Address (P.O. Box Number is Not Acceptable)       1 <t< td=""><td></td><td>#. etc.</td><td>26</td><td>Suite, Apt. #, etc.</td><td><u></u></td><td></td><td></td><td>\$8.75</td><td></td></t<>		#. etc.	26	Suite, Apt. #, etc.	<u></u>			\$8.75	
Zip       Country       Zip       Country       Zip       Country       Added to Fees         Zip       Country       Zip       Country       Ins corporation owes the current year intangible       Name and Address of New Registered Agent       Ins corporation owes the current year intangible         Image: Stand Address of Current Registered Agent       Ins corporation owes the current year intangible       Ins corporation owes the current year intangible         THE INSURANCE COMMISSIONER       Image: Stand Address of New Registered Agent       Image: Stand Address of New Registered Agent       Image: Stand Address of New Registered Agent         TALLAHASSEE FL 32301       Image: Stand Address of Stand Agent, braid of Stand Agent agent, or braid agent agent and the regulation of the opporation is board of directors. Interbial careption of the opporation agent			27	City 9 State	د - <sup>بر</sup> بر <u>ه محمو د می د</u>		<u>. – جو – جو</u>	Fee	
Zip         Country         Zip         Country         Zip         Country         8. This concernent wave intramplies           20         30         30         Personal Property Tax.         Vis         XiNo           9. Name and Address of Current Registered Agent         10. Name and Address of New Registered Agent         10. Name and Address of New Registered Agent           THE INSURANCE COMMISSIONER THE CAPTOL TALLAHASSEE F1 2001         82         Street Address (P.O. Box Number is Not Acceptable)           81         44         City         FL         85         Zip Code           11. Pursuant to the prostone of Sections 607 X0502 and 607 1506. Florids Blaube, the above named comparation submits this statement for the pursuant of the obligations of. Section 607 0505. Florids Statutes.         Street Address (P.O. Box Number is Not Acceptable)           SIGNATURE         83         20         Development Acceptable (P.O. Box Number is Not Acceptable)           3001         0. Enter Code (P.O. Box Number is Not Acceptable)         Enter Code (P.O. Box Number is Not Acceptable)           3001         0. Enter Code (P.O. Box Number is Not Acceptable)         Enter Code (P.O. Box Number is Not Acceptable)           3001         0. Enter Code (P.O. Box Number is Not Acceptable)         Enter Code (P.O. Box Number is Not Acceptable)           3001         0. Enter Code (P.O. Box Number is Not Acceptable)         Enter Code (P.O. Box Number is regi		e	28			l l			
9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent         THE INSURANCE COMMISSIONER       11. Name         THE CAPTOL       12. Name and Address of New Registered Agent         TAILAHASSEE FL 32301       12. Street Address of New Registered Agent         10. Name and Address of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and majoret the objection of Section 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the objection of Section 607.6506. Florida Statutes.         SIGNATURE       13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME         SIGNATURE       0. OFFICERS AND DIRECTORS         12. OFFICERS AND DIRECTORS       13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME         13. MERT ADDRESS       13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME         13. NET ADDRESS       13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME         14. OFFICERS AND DIRECTORS       13. STREET ADDRESS         15. NEET ADDRESS       13. NET ADDRESS         15. DANEL AVENUE       13. STREET ADDRESS         15. STREET ADDRESS       13. STREET ADDRESS         15. MARK CO 80014       13. STREET ADDRESS         15. STREET ADDRESS       13. STREET ADDRESS         15. STREY ADDRESS       13. STREET ADDRESS <td>Zip</td> <td>· · ·</td> <td>20</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X No</td>	Zip	· · ·	20						X No
THE INSURANCE COMMISSIONER       Bit Instrument to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section S007.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the obligations of Section S007.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the supportment as registered agent. I am familiar with, and accept the obligations of Section S007.0502 and 607.1508, Florida Statutes, the apovernamed when reinstalling)       CME         ISGNATURE       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         IZ       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         IZ       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         INFERTADORES       SUSTA DRIVE       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         INFERTADORES       SVISTA DRIVE       13.       Change       Addition         INFERTADORES       SVISTA DRIVE       13.       Change I Addition       Addition         INFERTADORES       SVISTA DRIVE       2.4CMY 57.7P       Change I Addition       Addition<						10. Name ar	d Address of New R	egistered Agent	······
2.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         TLE       P       DELETE       1.11TLE       PRESIDENT AND DIRECTOR       Adduon         MME       12006 EAST CORNELL AVENUE       13 STREET ADDRESS       Adduon         TV-ST-2P       AURORA CO 80014       14 CITY-ST-2P       Change       Adduon         NME       DANIELS, FRANK C       22 NAVE       23 STREET ADDRESS       Change       Adduon         NME       DANIELS, FRANK C       23 STREET ADDRESS       Change       Adduon         NME       DANIELS, FRANK C       23 STREET ADDRESS       Change       Adduon         NME       DANIELS, FRANK C       23 STREET ADDRESS       Change       Adduon         NME       DANIELS, FRANK C       23 STREET ADDRESS       Change       Adduon         SWFT       BILLINGS MT 59102       2 A CITY-ST-2P       Change       Adduon         NME       STEVENSON, WILLIAM B       33 STREET ADDRESS       13 CITY-ST-2P       Change       Adduon         NME       SVPT       DELETE       31 TTLE       31 CITY-ST-2P       Change       Adduon         NTS-T2P       AURORA CO 80014       B       32 CITY-ST-2P       Change       Adduon									
ILE       INTRE       I	office or n agent. I ai IGNATURE	egistered agent, or both, in m familiar with, and accept	the State of Florid t the obligations of	da. Such change was aut Section 607.0505, Florid	s, the above-named horized by the corporate la Statutes.	pration's board of dir	this statement for the pactors. I hereby accept	<b>FL</b> purpose of changing the appointment as	its registered
TILE D SIGNAL Constraints of the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Floride Statutes,   further certify that the information	office or n agent. I a SIGNATURE 2.	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF	the State of Florid the obligations of registered agent and title	da. Such change was aut ; Section 607.0505, Floric if applicable. (NOTE: R ECTORS	s, the above-named horized by the corpo a Statutes.	equired when reinstating)	S/CHANGES TO OFF	PL Durpose of changing the appointment as DATE ICERS AND DIREC	its registered registered TORS IN 12
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GLENBURN ND 58740       6.4 CITY-ST-ZIP         4. 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	office or r agent. I a SIGNATURE 2. TLE MME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP	egistered agent, or both, in m familiar with, and accept OFF P KRULL, JACOB J. 11900 EAST CORNEL AURORA CO 80014 D DANIELS, FRANK C 58 VISTA DRIVE BILLINGS MT 59102 S STEVENSON, WILLIAM 11900 EAST CORNEL AURORA CO 80014 SVPT ALLEN, CHARLES D. 11900 EAST CORNEL AURORA CO 80014-3 D WIESE, DENNIS J 1410 DAKOTA AVENL	In the State of Florin t the obligations of registered agent and title FICERS AND DIRE L AVENUE	da. Such change was aut , Section 607.0505, Florid If applicable. (NOTE: R ECTORS DELETE DELETE DELETE	s, the above-named horized by the corp ia Statutes. tegistered Agent signature of 13. 1.1 ITTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITTLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITTLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 ITTLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 ITTLE 5.2 NAME 5.3 STREET ADDRESS	equired when reinstating)	S/CHANGES TO OFF	FL         purpose of changing the appointment as         DATE         ICCERS AND DIREC         ICCERS AND DIREC         ICCARS	its registered registered TORS IN 12 ie Addition je Addition
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NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMPANY Board of Directors

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Alan Bergman (Vice Chairman) Rural Route, Box 10 Jud, ND 58454

Robert L. Carlson Rural Route 1, Box 64 Glenburn, ND 58740

David E. Carter 10081 Yates Street Westminster, CO 80030

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\*David J. Frederickson (Director) 2952 Fairview Avenue North Roseville, MN 55113

Jacob J. Krull (President/Director) 11900 E. Cornell Ave. Aurora, CO 80014

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Leland H. Swenson 31615 Canyon Circle Evergreen Colorado 80439

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