


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # F04000002042 1. Entity Name PRODUCERS AGRICULTURE INSURANCE COMPANY	
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Principal Place of Business 2025 SOUTH HUGHES AMARILLO, TX 79109	Mailing Address PO BOX 229 AMARILLO, TX 79105-0229
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DO NOT WRITE IN THIS SPACE



05112007 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0368291	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATHAM, LARRY LEE 2025 SOUTH HUGHES AMARILLO, TX 79109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATHAM, JESS BEN 2025 SOUTH HUGHES AMARILLO, TX 79109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATHAM, BEN III 2025 SOUTH HUGHES AMARILLO, TX 79109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATHAM, JESS BENJAMIN IV 2025 SOUTH HUGHES AMARILLO, TX 79109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATHAM, CONNIE IV 2025 SOUTH HUGHES AMARILLO, TX 79109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATHAM, LEIGH ANN IV 2025 SOUTH HUGHES AMARILLO, TX 79109

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IN THIS SPACE**

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05/31/07-80022-017 558.75

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.

SIGNATURE:  Larry Lee Latham Treasurer	5/11/07	806-372-6785
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>