2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# F04000002042

Entity Name: PRODUCERS AGRICULTURE INSURANCE COMPANY

Current Principal Place of Business:

2025 SOUTH HUGHES
AMARILLO, TX 79109

New Principal Place of Business:

Current Mailing Address:

PO BOX 229
AMARILLO, TX 791050229

New Mailing Address:

FEI Number: 81-0368291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LATHAM, LARRY LEE
Address: 2025 SOUTH HUGHES
City-St-Zip: AMARILLO, TX 79109

Title: D (X) Delete
Name: LATHAM, JESS BEN
Address: 2025 SOUTH HUGHES
City-St-Zip: AMARILLO, TX 79109

Title: PD ( ) Delete
Name: LATHAM, BEN III
Address: 2025 SOUTH HUGHES
City-St-Zip: AMARILLO, TX 79109

Title: D ( ) Delete
Name: LATHAM, JESS BENJAMIN IV
Address: 2025 SOUTH HUGHES
City-St-Zip: AMARILLO, TX 79109

Title: D ( ) Delete
Name: LATHAM, CONNIE IV
Address: 2025 SOUTH HUGHES
City-St-Zip: AMARILLO, TX 79109

Title: D ( ) Delete
Name: LATHAM, LEIGH ANN IV
Address: 2025 SOUTH HUGHES
City-St-Zip: AMARILLO, TX 79109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LARRY LATHAM D 01/06/2009

Electronic Signature of Signing Officer or Director — Date