

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002042

FILED
Jan 04, 2011
Secretary of State

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:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: P/D
Name: CONNEALY, MICHAEL E
Address: 7212 FORESTVIEW LANE, STE. 1
City-St-Zip: MAPLE GROVE, MN 55369

Title: VP/D
Name: JONES, KENDALL
Address: 101 N. MAIN AVENUE, STE. 310
City-St-Zip: SIOUX FALLS, SD 57104

Title: T
Name: KLEIN, RUSSELL G
Address: 2025 SOUTH HUGHES
City-St-Zip: AMARILLO, TX 79109

Title: S
Name: ADAMS, GRANT O
Address: 2025 SOUTH HUGHES
City-St-Zip: AMARILLO, TX 79109

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: GRANT ADAMS

S

01/04/2011

Electronic Signature of Signing Officer or Director

Date