2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 21, 2010
Secretary of State

DOCUMENT# F05000005388

Entity Name: RURAL COMMUNITY INSURANCE COMPANY

Current Principal Place of Business:

3501 THURSTON AVENUE
ANOKA, MN 55303

New Principal Place of Business:

Current Mailing Address:

3501 THURSTON AVENUE
ANOKA, MN 55303

New Mailing Address:

FEI Number: 41-1375004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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
Name: DAY, MICHAEL P
Address: 3501 THURSTON AVENUE
City-St-Zip: ANOKA, MN 55303

Title: TD
Name: SANTERS, MARC
Address: 3501 THURSTON AVENUE
City-St-Zip: ANOKA, MN 55303

Title: S
Name: MERTEN, MARLENE C
Address: 3501 THURSTON AVENUE
City-St-Zip: ANOKA, MN 55303

Title: DSVP
Name: BERG, KEVIN P
Address: 3501 THURSTON AVENUE
City-St-Zip: ANOKA, MN 55303

Title: VP
Name: HORTON, JAMES
Address: 3501 THURSTON AVENUE
City-St-Zip: ANOKA, MN 55303

Title: VP
Name: FINK, JEFFREY
Address: 3501 THURSTON AVENUE
City-St-Zip: ANOKA, MN 55303

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: MARLENE C MERTEN S 06/21/2010

Electronic Signature of Signing Officer or Director — Date