

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005228

FILED
Apr 16, 2010
Secretary of State

Entity Name: WESTERN AGRICULTURAL INSURANCE COMPANY

Current Principal Place of Business:

5400 UNIVERSITY AVENUE
WEST DES MOINES, IA 50266

New Principal Place of Business:

Current Mailing Address:

5400 UNIVERSITY AVENUE
ATTN: DAVID A. MCNEILL
WEST DES MOINES, IA 50266

New Mailing Address:

FEI Number: 86-0259779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 323990300 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: CEO
Name: HOHMANN, JAMES E
Address: 5400 UNIVERSITY AVENUE
City-St-Zip: WEST DES MOINES, IA 50266

Title: S
Name: KLINKER, JAMES W
Address: 325 S. HIGLEY ROAD, SUITE 210
City-St-Zip: GILBERT, AZ 85296

Title: TCFO
Name: BRANNEN, JAMES P
Address: 5400 UNIVERSITY AVENUE
City-St-Zip: WEST DES MOINES, IA 50266

Title: CD
Name: ROGERS, KEVIN G
Address: 325 S. HIGLEY ROAD, SUITE 210
City-St-Zip: GILBERT, AZ 85296

Title: VCD
Name: WHITE, MICHAEL S
Address: 7145 VINYARD ROAD
City-St-Zip: DEXTER, NM 88230

Title: VPAS
Name: MCNEILL, DAVID A
Address: 5400 UNIVERSITY AVENUE
City-St-Zip: WEST DES MOINES, IA 50266

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: DAVID A. MCNEILL

VPAS

04/16/2010

Electronic Signature of Signing Officer or Director

Date