

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005228

FILED  
Mar 01, 2012  
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:**

5400 UNIVERSITY AVENUE  
WEST DES MOINES, IA 50266

**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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: HOHMANN, JAMES E  
Address: 5400 UNIVERSITY AVENUE  
City-St-Zip: WEST DES MOINES, IA 50266

Title: S  
Name: PRESNALL, DENNIS J  
Address: 5400 UNIVERSITY AVENUE  
City-St-Zip: WEST DES MOINES, IA 50266

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

Title: CD  
Name: BACCUS, STEVEN L  
Address: 2627 KFB PLAZA  
City-St-Zip: MANHATTAN, KS 66502

Title: VCD  
Name: ROGERS, KEVIN G  
Address: 5225 SOUTH 16TH STREET  
City-St-Zip: LINCOLN, NE 68512

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

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date