

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005319

FILED
Jan 14, 2009
Secretary of State

Entity Name: DIVERSIFIELD AGRISURANCE COMPANY

Current Principal Place of Business:

14010 FNB PKWY STE 400
OMAHA, NE 68154

New Principal Place of Business:

Current Mailing Address:

14010 FNB PKWY STE 400
OMAHA, NE 68154

New Mailing Address:

FEI Number: 47-0633822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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: CP () Delete
Name: FLEURY, ROGER A
Address: 14010 FNB PKWY STE 400
City-St-Zip: OMAHA, NE 68154

Title: VCS () Delete
Name: MCALLISTER, GREGORY C
Address: 14010 FNB PKWY STE 400
City-St-Zip: OMAHA, NE 68154

Title: D () Delete
Name: FOCHT, JEFFREY E
Address: 14010 FNB PKWY STE 400
City-St-Zip: OMAHA, NE 68154

Title: D () Delete
Name: BRINKS, DUANE
Address: 14010 FNB PKWY STE 400
City-St-Zip: OMAHA, NE 68154

Title: VP () Delete
Name: BARTON, RAYMOND L
Address: 14010 FNB PKWY STE 400
City-St-Zip: OMAHA, NE 68154

Title: T () Delete
Name: MOSEMAN, BRUCE A
Address: 14010 FNB PKWY STE 400
City-St-Zip: OMAHA, NE 68154

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: T (X) Change () Addition
Name: WILSON, LUCY
Address: 14010 FNB PKWY STE 400
City-St-Zip: OMAHA, NE 68154

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: GREGORY C. MCALLISTER

VCS

01/14/2009

Electronic Signature of Signing Officer or Director

Date