Florida Department of State

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Division of Corporations

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Emeil	Address	

FOREIGN PROFIT/NONPROFIT CORPORATION GROWERS NATIONAL COOPERATIVE INSURANCE AGENCY, INC.

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Corporate Filing Menu

Electronic Filing Menu

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APPLICATION B	++	FIT CORPORATION FOR AUTHORIZATION TO FFAIRS IN FLORIDA	2010
	I NOT FOR PROFIT CORPORATI	STATUTES, THE FOLLOWING IS SUBMITTED TO AREA IN ION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN	30
Growers Natio	onal Cooperative Insurar	nce Agency, Inc.	\supset
(Name of corporation; m import in language as wi	ust include the word "INCORPORAT	ED" or "CORPORATION" or words or abbreviations of like and instead of a natural person or partnership if not so contained and a second	2
_{2.} Idaho		82-0528762	ب
(State or country unde	r the law of which it is incorporated)	(FEI number, if applicable)	Л
₄ 11/2/2000		Perpetual	
(Date of Ir	ecorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. Upon qualifica	ition		
(Date first conducted affi	iles in Florida If prior to registration. See	sections 617,1501 & 617,1502, F.S. to determine penalty liability.)	
7. 7300 West 110		verland Park, KS 66210	
	(Principal o	office address)	
PO Box 163; C	Ogaliala, NE 69153		
	(Current :	mailing address)	
To seemade the		and and albert belief to an death for Assertance for a	
8. To promote the	use or rederal crop insuran	nce and other helpful products for American farmer to be carried out in the state of Florida)	ers
(Lathase(a) of corbusts	on authorized in noine state of country	to be carried out in the state of Piorioa)	
9. Name and street addre	ess of Florida registered agent: (P.C	O. Box <u>NOT</u> acceptable)	
Name: NRAI S	ervicas, Inc.		
Office Address: 2731 E	xecutive Park Dr., Ste 4	<u> </u>	
Weston		, Florida ³³³³¹	
	(City)	, Florida(Zip Code)	
		(2.7 002-7	
further agree to comply and I am familiar with a	registered agent and to accept serv cation, I hereby accept the appoint with the provisions of all statutes a and accept the obligations of the pe	vice of process for the above stated corporation at the place iment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties, osition as registered agent,	
NIMA	Services, Inc.	Brenda L. White	
(+	munit	Assistant Secretary	
nie Debarktiëtif ôf 9	sate of existence days authenticated	l, not more than 90 days prior to delivery of this application to her official having custody of corporate records in the	

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	ESS.	2010
12. Names and addresses of officers and/or directors:	No.	AGR (
A. DIRECTORS	Ri	10
Chairman: See Exhibit A attached hereto.		- P
Address:	93	بب_
	<u> </u>	50
Vice Chairman:		_
Address:		, -
Director:	·	_
Address:		*****
	·	_
Director:		
Address:		_
B. OFFICERS President: See Exhibit A attached hereto.		- -
Address:		_
Vice President:		_
Address:		
Secretary:		_
Address:		
Treasurer:		
Address:		_
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dir.	eciors.	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Don Elsbernd, Chairman		
(Tuned or printed name and committee of payment coming com		

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EXHIBIT A - FLORIDA QUALIFICATION GROWERS NATIONAL COOPERATIVE INSURANCE AGENCY, INC. OFFICERS & DIRECTORS

Don Elsbernd, Chairman & Director Iowa Corn Growers Association 809 Pole Line Road Postville, IA 52162

Bob Beakley, Vice Chairman & Director Texas Wheat Growers Association 1115 Sullivan Road Ennis, TX 75119

Gene Stoel, Secretary/Treasurer & Director Minnesota Soybean Growers Association 442 81st Street Lake Wilson, MN 56151

Kendall Hodgson, Director Kansas Association of Wheat Growers 1180 28th Street Little River, KS 67457

Richard Clipson, Director Texas Wheat Growers Association 120 Laughlin Road Eagle Lake, TX 77434

Jim Stewart, Director Nebraska Soybean Association 8909 Saltillo Road Lincoln, NE 68526



H100002450193

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

GROWERS NATIONAL COOPERATIVE INSURANCE AGENCY, INC.

File Number C-136201

2010 NOV 10 PH 3: 50 SECKEDANN OF STATE

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named non-profit corporation was incorporated under the laws of Idaho on 11/02/2000.

I FURTHER CERTIFY That the non-profit corporation is in good standing on the records of this office.

Dated: 11/10/2010 10:20 AM



Ben yewra SECRETARY OF STATE

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