

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004943

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** GROWERS NATIONAL COOPERATIVE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

7300 WEST 110TH STREET STE 850  
OVERLAND PARK, KS 66210

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 163  
OGALLALA, NE 69153

**New Mailing Address:**

**FEI Number:** 82-0528762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: CD  
Name: ELSBERND, DON  
Address: 809 POLE LINE ROAD  
City-St-Zip: POSTVILLE, IA 52162

Title: VCD  
Name: BEAKLEY, BOB  
Address: 1115 SULLIVAN ROAD  
City-St-Zip: ENNIS, TX 75119

Title: DST  
Name: STOEL, GENE  
Address: 442 81ST STREET  
City-St-Zip: LAKE WILSON, MN 56151

Title: D  
Name: HODGSON, KENDALL  
Address: 1180 28TH STREET  
City-St-Zip: LITTLE RIVER, KS 67457

Title: D  
Name: CLIPSON, RICHARD  
Address: 120 LAUGHLIN ROAD  
City-St-Zip: EAGLE LAKE, TX 77434

Title: D  
Name: STEWART, JIM  
Address: 8909 SALTILLO ROAD  
City-St-Zip: LINCOLN, NE 68526

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GENE STOEL

DST

03/30/2011

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

\_\_\_\_\_  
Date