

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004943

FILED
Jan 19, 2012
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

SEC

01/19/2012

Electronic Signature of Signing Officer or Director

Date