

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90114 024 ***150.00

0550122

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000003582

1. Corporation Name
GULF STATES AGRISURANCE, INC.



Principal Place of Business 222 S 15TH ST., STE 600 N OMAHA NE 68102 US	Mailing Address 222 S 15TH ST., STE 600 N OMAHA NE 68102 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
--	---	---------------	---------------

3. Date Incorporated or Qualified 07/25/1995	Applied For Not Applicable
4. FEI Number 47-0790180	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD <input type="checkbox"/> DELETE
NAME	GIBSON, RICHARD C
STREET ADDRESS	535 WEST BROADWAY
CITY-ST-ZIP	COUNCIL BLUFFS IA 51503
TITLE	PD <input type="checkbox"/> DELETE
NAME	GIBSON, KIM
STREET ADDRESS	535 WEST BROADWAY
CITY-ST-ZIP	COUNCIL BLUFFS IA 51503
TITLE	T <input type="checkbox"/> DELETE
NAME	MACE, GEORGIA
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 NORTH
CITY-ST-ZIP	OMAHA NE 68102
TITLE	S <input type="checkbox"/> DELETE
NAME	KNOLLA, PETER
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 NORTH
CITY-ST-ZIP	OMAHA NE 68102
TITLE	D <input type="checkbox"/> DELETE
NAME	NELSON, JOHN
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 NORTH
CITY-ST-ZIP	OMAHA NE 68102
TITLE	D <input type="checkbox"/> DELETE
NAME	COON, KENNETH
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 NORTH
CITY-ST-ZIP	OMAHA NE 68102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/Executive VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gene Grimsley
1.3 STREET ADDRESS	535 West Broadway
1.4 CITY-ST-ZIP	Council Bluffs, IA 51503
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgia Mace
 Treasurer 2/4/99 402-344-8800
Date Daytime Phone #

CR2E034 (1/198)