# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P31450**



1. Entity Name AGRI GENERAL INSURANCE COMPANY								03-28-2006 9	0120 04	4 ***150.0	00
Principal Place of Business 9200 NORTHPARK DRIVE SUITE 350 JOHNSTON, IA 50131 US			Mailing Address 9200 NORTHPARK DRI SUITE 350 JOHNSTON, IA 50131		:	4.4	, , , , , , , , , , , , , , , , , , ,		11: 0:011 0:01 0:0		
2. Principal Place of Business 3.			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03062006	Chg-P	CR2E	034 (11/05)	
City & State			City & State				4. FEI Numb			<u> </u>	plied For t Applicable
Zip	Country		Zip					e of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					Name		7. Name an	d Address of New I	Registered	Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200)					Street Address (P.O. Box Number is Not Acceptable)						
200 E. GAINES ST TALLAHASSEE, FL 32399-0000											
					City				FL	Zip Cod	e
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution						<b>\$5.</b> Adde	00 May Be ed to Fees				
10. OFFICERS AND DIRECTORS							ADDITIONS	CHANGES TO OF	FICERS AN	D DIRECTORS	5 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TEVEN C RTHPARK DRIVE SUIT DN, IA 50131	☐ Delete	ı		Se	ee attad	ched Exhibi	it "A"	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9200 NO	ROBERT L RTHPARK DRIVE, SUIT DN, IA 50131	☐ Delete		I .					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					L					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALCOM, JEFF 446 W. CROGAN ST. STE. 175				E IE EET ADORESS '-ST-ZIP			oud Road GA 30017		<b>⊠</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KINCADE, JERRY 9200 NORTHPARK DRIVE, SUITE 200				E HE EET ADDRESS '-ST-ZIP	Jol	nnston,	IA 50131		<b>⊠</b> Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPOKANE, WA 99206				ne Eet address '-st-zip					☐ Change	☐ Addition
<ol><li>iz. I nereby (</li></ol>	certify that th	e intormation supplied with	this filing does not qualify for	ir the ex	emptions con	ıtalned	i in Unapter 1	is, morida Statutes.	i turther ce	rury that the ir	normation

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

Ryan O. MILLER Treasurer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 Date

(515) 559-1000

Daytime Phone #

FILED Mar 28, 2006 8:00 am Secretary of State

## ATTACHMENT **AGRI GENERAL INSURANCE COMPANY**

2006 OFFICERS AND DIRECTORS

#### NAME AND ADDRESS

Steven C. Harms 9200 Northpark Drive, Suite 300 Johnston, IA 50131

Robert L. Haney 9200 Northpark Drive, Suite 300 Johnston, IA 50131

Jeffrey G. Malcom 1951 Rosebud Road Grayson, GA 30017

Mark K. Classen Two Carlson Parkway, Suite 255 Plymouth, MN 55447

Jerry D. Kincade 9200 Northpark Drive, Suite 200 Johnston, IA 50131

Steven J. Wedel 200 North Mullan Road, Suite 111 Spokane, WA 99206

Rvan D. Miller 9200 Northpark Drive, Suite 300 Johnston, IA 50131

Michael J. Davenport 9200 Northpark Drive, Suite 300 Johnston, IA 50131

Nancy Burrier 9200 Northpark Drive, Suite 300 Johnston, IA 50131

Thomas D. Witthoft 9200 Northpark Drive, Suite 300 Johnston, IA 50131

#### **POSITION HELD**

Chairman of the Board, President, and Director

**Executive Vice President** and Director

Vice President, Assistant Treasurer, and Director

Vice President and Director

Vice President and Director

Vice President and Director

Chief Financial Officer. Treasurer, and Director

Vice President, Secretary, and General Counsel

**Assistant Secretary** 

Vice President

## **AGRI GENERAL INSURANCE COMPANY**

ATTACHMENT

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Fax: (515) 559-1001 Website: www.rainhail.com

9200 Northpark Drive, Suite 350 Johnston, IA 50131-3007 Tel: (515) 559-1000

March 21, 2006

Corporate Office

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: 2006 Annual Report

Dear Sir or Madam:

I have enclosed the completed 2006 Annual Report for Agri General Insurance Company which is due 5/1/06. I have also included a check payable to Florida Department of State in the amount of \$150.00 to cover the applicable fees.

If you have any questions, please feel free to contact me.

Sincerely.

John Schweer Accountant