
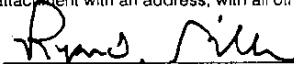


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90071 045 ***150.00

DOCUMENT # P31450 1. Entity Name AGRI GENERAL INSURANCE COMPANY					
Principal Place of Business 9200 NORTH PARK DRIVE SUITE 350 JOHNSTON, IA 50131 US			Mailing Address 9200 NORTH PARK DRIVE SUITE 350 JOHNSTON, IA 50131 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 42-1204578	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCB HAMS, STEVEN C 9200 NORTH PARK DRIVE SUITE 300 JOHNSTON, IA 50131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAMS, STEVEN C See attached Exhibit "A" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXVP HANEY, ROBERT L 9200 NORTH PARK DRIVE, SUITE 300 JOHNSTON, IA 50131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D CLASSEN, MARK K TWO CARLSON PKWY SUITE 255 PLYMOUTH, MN 55447 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALCOM, JEFF 1951 ROSEBUD ROAD GRAYSON, GA 30017 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KINCADE, JERRY 9200 NORTH PARK DRIVE, SUITE 200 JOHNSTON, IA 50131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D WEDEL, STEVEN J NORTH 200 MULLAN ROAD SUITE 111 SPOKANE, WA 99206 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 D. Miller, Treasurer		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/20/07 Daytime Phone # 515-559-1000		

ATTACHMENT

40041630
P31450

AGRI GENERAL INSURANCE COMPANY 2007 OFFICERS AND DIRECTORS

NAME AND ADDRESS

POSITION HELD

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

Chairman of the Board,
President, and Director

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

Executive Vice President
and Director

Jeffrey G. Malcom
1951 Rosebud Road
Grayson, GA 30017

Vice President, Assistant
Treasurer, and Director

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

Vice President and Director

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

Vice President and Director

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

Vice President and Director

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

Chief Financial Officer,
Treasurer, and Director

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

Vice President, Secretary,
and General Counsel

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

Assistant Secretary

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

Vice President