

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31450

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** AGRI GENERAL INSURANCE COMPANY

**Current Principal Place of Business:**

9200 NORTHPARK DRIVE  
SUITE 350  
JOHNSTON, IA 50131 US

**New Principal Place of Business:**

**Current Mailing Address:**

9200 NORTHPARK DRIVE  
SUITE 350  
JOHNSTON, IA 50131 US

**New Mailing Address:**

**FEI Number:** 42-1204578      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PDCB  
Name: HARMS, STEVEN C PDCB  
Address: 9200 NORTHPARK DRIVE, SUITE 300  
City-St-Zip: JOHNSTON, IA 50131 US

Title: EXVP  
Name: HANEY, ROBERT L EXVP  
Address: 9200 NORTHPARK DRIVE, SUITE 300  
City-St-Zip: JOHNSTON, IA 50131 US

Title: VPD  
Name: CLASSEN, MARK K VPD  
Address: TWO CARLSON PKWY SUITE 255  
City-St-Zip: PLYMOUTH, MN 55447 US

Title: VPD  
Name: MALCOM, JEFFREY G VPD  
Address: 1951 ROSEBUD ROAD  
City-St-Zip: GRAYSON, GA 30017 US

Title: VPD  
Name: KINCADE, JERRY G VPD  
Address: 9200 NORTHPARK DRIVE, SUITE 200  
City-St-Zip: JOHNSTON, IA 50131 US

Title: VPD  
Name: WEDEL, STEVEN J VPD  
Address: NORTH 200 MULLAN ROAD SUITE 111  
City-St-Zip: SPOKANE, WA 99206 US

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

SIGNATURE: RYAN D. MILLER

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04/05/2010

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

\_\_\_\_\_  
Date