FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39732** **(3)**

1. Corporation Name

AMERICAN GROWERS INSURANCE COMPANY

Principal Place of Business	Mailing Address
535 WEST BROADWAY COUNCIL BLUFFS IA 51503	535 WEST BROADWAY COUNCIL BLUFFS IA 51503

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/16/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21		2a. Mailing Address 26 222 South 15th Street	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 Suite 600 North	
City & State 23		City & State 28 Omaha, NE	
Zip 24	Country 25	Zip 29 68102	Country 30 USA

4. FEI Number: 47-0484601 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BUILDING TALLAHASSEE FL 32301	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE	S	☐ Change XX Addition
NAME	NELSON, HOWARD HAROLD	12 NAME	Peter A. Knolla	
STREET ADDRESS	84 HILLSIDE DR.	13 STREET ADDRESS	9935 Broadmoore Road	
CITY-ST-ZIP	COUNCIL BLUFFS IA	14 CITY-ST-ZIP	Omaha, NE 68114	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	REEDING, GEORGE CRUMP	22 NAME		
STREET ADDRESS	1019 16TH ST REMOVE	23 STREET ADDRESS		
CITY-ST-ZIP	AURORA NE	24 CITY-ST-ZIP		
TITLE	DP	31 TITLE		☐ Change ☐ Addition
NAME	NELSON, JOHN PHILLIP	32 NAME		
STREET ADDRESS	344 KENMORE AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	COUNCIL BLUFFS IA	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	COON, KENNETH C	42 NAME		
STREET ADDRESS	9826 OAK CIRCLE	43 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	44 CITY-ST-ZIP		
TITLE	VSD	51 TITLE	VD	☒ Change ☐ Addition
NAME	GIBSON, RICHARD CHARLES	52 NAME		
STREET ADDRESS	R.R. 2 BOX 33-AA	53 STREET ADDRESS		
CITY-ST-ZIP	COUNCIL BLUFFS IA	54 CITY-ST-ZIP		
TITLE	TD	61 TITLE	T	☒ Change ☐ Addition
NAME	SMITH, JOSEPH GEORGE	62 NAME	Georgia M. Mace	
STREET ADDRESS	924 NORTH 146TH STREET	63 STREET ADDRESS	706 E. Maple	
CITY-ST-ZIP	OMAHA NE	64 CITY-ST-ZIP	Missouri Valley, IA 51555	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Richard M. Schuemann Richard H. Schuemann, Assistant Treasurer 4-7-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

402-344-8800
Daytime Phone #

0484601 FN