

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

FILED  
Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P39732 (3)

1. Corporation Name  
AMERICAN GROWERS INSURANCE COMPANY

Principal Place of Business

535 WEST BROADWAY  
COUNCIL BLUFFS IA 51503

Mailing Address

222 S 15TH ST  
STE 600 N  
OMAHA NE 68102-1628  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/16/1992

3a. Date of Last Report

04/11/1996

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and local applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JOSEPH G.	
STREET ADDRESS	924 N. 148TH ST.	
CITY - ST - ZIP	OMAHA NE	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIBSON, KIM	
STREET ADDRESS	25 PARKWOOD ACRES	
CITY - ST - ZIP	COUNCIL BLUFFS IA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, JOHN PHILLIP	
STREET ADDRESS	344 KENMORE AVE.	
CITY - ST - ZIP	COUNCIL BLUFFS IA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COON, KENNETH C	
STREET ADDRESS	9626 OAK CIRCLE	
CITY - ST - ZIP	OMAHA NE	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GIBSON, RICHARD CHARLES	
STREET ADDRESS	R.R. 2 BOX 33-AA	
CITY - ST - ZIP	COUNCIL BLUFFS IA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MACE, GEORGIA M.	
STREET ADDRESS	706 E. MAPLE	
CITY - ST - ZIP	MISSOURI VALLEY IA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	H.H. Nelson	
1.3 STREET ADDRESS	535 West Broadway	
1.4 CITY - ST - ZIP	Council Bluffs, IA 51503	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Nelson	
2.3 STREET ADDRESS	222 South 15th Street, Suite 600 North	
2.4 CITY - ST - ZIP	Omaha, NE 68102-1628	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Georgia Mace	
3.3 STREET ADDRESS	222 South 15th Street, Suite 600 North	
3.4 CITY - ST - ZIP	Omaha, NE 68102-1628	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Peter Knolla	
4.3 STREET ADDRESS	222 South 15th Street, Suite 600 North	
4.4 CITY - ST - ZIP	Omaha, NE 68102-1628	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard Gibson	
5.3 STREET ADDRESS	535 West Broadway	
5.4 CITY - ST - ZIP	Council Bluffs, IA 51503	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kenneth Coon	
6.3 STREET ADDRESS	222 South 15th Street, Suite 600 North	
6.4 CITY - ST - ZIP	Omaha, NE 68102-1628	

14. I do 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 included 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgia M. Mace 2-18-97 (402) 344-8800

Date

Daytime Phone #

CR2E034 (9/96)