

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/16/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		47-0484601	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (Note: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, H.H.	1.2 NAME	
STREET ADDRESS	535 WEST BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	COUNCIL BLUFFS IA	1.4 CITY-ST-ZIP	51503
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, JOHN	2.2 NAME	D
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	2.4 CITY-ST-ZIP	68102-1628
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACE, GEORGIA	3.2 NAME	
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	68102-1628
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOLLA, PETER	4.2 NAME	
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	68102-1628
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, RICHARD	5.2 NAME	P/D
STREET ADDRESS	535 WEST BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	COUNCIL BLUFFS IA	5.4 CITY-ST-ZIP	51503
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COON, KENNETH	6.2 NAME	
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 NORTH	6.3 STREET ADDRESS	222 South 15th Street, Suite 600 North
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	68102-1628

14. I 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 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.

Georgia M. Mace

CR2E034 (10/97)