

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90114 021 \*\*\*150.00

0550119

DOCUMENT # P39732

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

3. Date Incorporated or Qualified

07/16/1992

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE CD  
NAME NELSON, H.H.  
STREET ADDRESS 535 WEST BROADWAY  
CITY-ST-ZIP COUNCIL BLUFFS IA 51503

TITLE D  
NAME NELSON, JOHN  
STREET ADDRESS 222 SOUTH 15TH STREET, SUITE 600 NORTH  
CITY-ST-ZIP OMAHA NE 68102

TITLE T  
NAME MACE, GEORGIA  
STREET ADDRESS 222 SOUTH 15TH STREET, SUITE 600 NORTH  
CITY-ST-ZIP OMAHA NE 68102

TITLE S  
NAME KNOLLA, PETER  
STREET ADDRESS 222 SOUTH 15TH STREET, SUITE 600 NORTH  
CITY-ST-ZIP OMAHA NE 68102

TITLE PD  
NAME GIBSON, RICHARD  
STREET ADDRESS 535 WEST BROADWAY  
CITY-ST-ZIP COUNCIL BLUFFS IA 51503

TITLE D  
NAME COON, KENNETH  
STREET ADDRESS 222 SOUTH 15TH STREET SUITE 600 NORTH  
CITY-ST-ZIP OMAHA NE 68102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE D  
1.2 NAME Kim Gibson  
1.3 STREET ADDRESS 535 West Broadway  
1.4 CITY-ST-ZIP Council Bluffs, IA 51503

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Georgia Mace*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

2/4/99 402-344-8800

Date

Daytime Phone #

CR2E034 (11/98)