

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

06-05-2002 90410 011 \*\*\*550.00

0610497 AT

**DOCUMENT # P39732**

1. Entity 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**

2. Principal Place of Business

**535 West Broadway**

Suite, Apt. #, etc.

3. Mailing Address

**535 West Broadway**

Suite, Apt. #, etc.

City & State

**Council Bluffs, IA**

City & State

**Council Bluffs, IA**

Zip

**51503**

Country

**USA**

Zip

**51503**

Country

**USA**

4. FEI Number

**47-0484601**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ~

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA  
 THE CAPITOL BUILDING  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, JOHN E</b>	
STREET ADDRESS	<b>222 S 15TH ST STE 600N</b>	
CITY-ST-ZIP	<b>OMAHA NE 68102</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GOTTSCHALK, J. MICHAEL</b>	
STREET ADDRESS	<b>222 S 15TH ST STE 600N</b>	
CITY-ST-ZIP	<b>OMAHA NE 68102</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete
NAME	<b>HALLMAN, DWAYNE D</b>	
STREET ADDRESS	<b>222 S 15TH ST STE 600N</b>	
CITY-ST-ZIP	<b>OMAHA NE 68102</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GIBSON, KIM R</b>	
STREET ADDRESS	<b>535 WEST BROADWAY</b>	
CITY-ST-ZIP	<b>COUNCIL BLUFFS IA 51503</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John E. Martin</b>	
STREET ADDRESS	<b>535 West Broadway</b>	
CITY-ST-ZIP	<b>Council Bluffs, IA 51503</b>	
TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>J. Michael Gottschalk</b>	
STREET ADDRESS	<b>535 West Broadway</b>	
CITY-ST-ZIP	<b>Council Bluffs, IA 51503</b>	
TITLE	<b>CFO, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dwayne D. Hallman</b>	
STREET ADDRESS	<b>535 West Broadway</b>	
CITY-ST-ZIP	<b>Council Bluffs, IA 51503</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John R. Svoboda</b>	
STREET ADDRESS	<b>535 West Broadway</b>	
CITY-ST-ZIP	<b>Council Bluffs, IA 51503</b>	
TITLE	<b>VP, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Charles E. Boyle</b>	
STREET ADDRESS	<b>535 West Broadway</b>	
CITY-ST-ZIP	<b>Council Bluffs, IA 51503</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mary L. Sutton</b>	
STREET ADDRESS	<b>535 West Broadway</b>	
CITY-ST-ZIP	<b>Council Bluffs, IA 51503</b>	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED** John R. Svoboda

6/4/02

800-999-7475, Ext. 5750

Date

Daytime Phone #

CR2E034 (9/01)