

1.) CORPORATION NAME:

RURAL COMMUNITY INSURANCE AGENCY, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

DUE DATE: **12/30/2010**

SCC ID NO: **F1263765**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3501 THURSTON AVE

CITY/ST/ZIP: ANOKA, MN 55303-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: SANDRA COLTMAN
TITLE: DIRECTOR
ADDRESS: 3501 THURSTON AVE
CITY/ST/ZIP/CO: ANOKA, MN 55303-

OFFICER DIRECTOR

NAME: KEVIN BERG
TITLE: EXEC. VP
ADDRESS: 3501 THURSTON AVE
CITY/ST/ZIP/CO: ANOKA, MN 55303-

OFFICER DIRECTOR

NAME: MICHAEL P. DAY
TITLE: PRESIDENT
ADDRESS: 3501 THURSTON AVENUE
CITY/ST/ZIP/CO: ANOKA, MN 55303-

OFFICER DIRECTOR

NAME: MARLENE C. MERTEN
TITLE: SECRETARY
ADDRESS: 3501 THURSTON AVENUE
CITY/ST/ZIP/CO: ANOKA, MN 55303-

OFFICER DIRECTOR

NAME: MARC J. SANTERS
TITLE: TREASURER
ADDRESS: 3501 THURSTON AVENUE
CITY/ST/ZIP/CO: ANOKA, MN 55303-

OFFICER DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ MARLENE C. MERTEN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MARLENE C. MERTEN, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>11/15/2010</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.