

1.) CORPORATION NAME:

DUE DATE: **9/30/2014**

Western Agricultural Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1393943**

**RICHARD MATTOX JR
12580 WEST CREEK PKWY
RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000,000
OTH	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:
IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5400 UNIVERSITY AVENUE

CITY/ST/ZIP: WEST DES MOINES, IA 50266

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: DENNIS JOHN PRESNALL TITLE: SR VP/ SEC ADDRESS: 5400 UNIVERSITY AVENUE CITY/ST/ZIP/CO: WEST DES MOINES, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEVEN LEE BACCUS TITLE: CHAIRMAN ADDRESS: 2627 KFB PLAZA CITY/ST/ZIP/CO: MANHATTAN, KS 66503	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN G ROGERS TITLE: VICE CHAIRMAN ADDRESS: 325 SOUTH HIGLEY RD CITY/ST/ZIP/CO: GILBERT, AZ 85296	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES P BRANNEN TITLE: CEO ADDRESS: 5400 UNIVERSITY AVENUE CITY/ST/ZIP/CO: WEST DES MOINES, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RICHARD W FELTS TITLE: DIRECTOR ADDRESS: 3453 COUNTY ORAD 4700 CITY/ST/ZIP/CO: LIBERTY, KS 67351	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFF A GROSSENBACHER TITLE: DIRECTOR ADDRESS: 1943 224TH ROAD CITY/ST/ZIP/CO: BERN, KS 66408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JOE HEINRICH TITLE: DIRECTOR ADDRESS: 15125 69TH ST CITY/ST/ZIP/CO: MAQUOKETA, IA 52060	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CRAIG D HILL TITLE: DIRECTOR ADDRESS: 5400 UNIVERSITY AVE CITY/ST/ZIP/CO: WEST DES MOINES, IA 50266	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LELAND J HOGAN TITLE: DIRECTOR ADDRESS: P O BOX 41 CITY/ST/ZIP/CO: 1443 S HOGAN ROAD SOUTH RIM, UT 84071	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEVE D NELSON TITLE: DIRECTOR ADDRESS: 5225 SOUTH 16TH STREET P O BOX 50299 CITY/ST/ZIP/CO: LINCOLN, NE 68512	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES E NORRIS TITLE: DIRECTOR ADDRESS: 10753 285TH STREET CITY/ST/ZIP/CO: MASON CITY, IA 50401-9115	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN D PAAP TITLE: DIRECTOR ADDRESS: 15145 510TH AVENUE CITY/ST/ZIP/CO: GARDEN CITY, MN 56034-9643	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SCOTT E VANDERWAL TITLE: DIRECTOR ADDRESS: 730 N SAMARA AVENUE CITY/ST/ZIP/CO: VOLGA, ND 57071	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL S WHITE TITLE: DIRECTOR ADDRESS: BOX 580 CITY/ST/ZIP/CO: DEXTER, NM 88230	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> 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.	
/s/ DENNIS JOHN PRESNALL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DENNIS JOHN PRESNALL, SR VP/ SEC PRINTED NAME AND CORPORATE TITLE
8/13/2014 DATE	
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.	