

1.) CORPORATION NAME: Producers Agriculture Insurance Company	DUE DATE: 3/31/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1579384				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000,000
CLASS	AUTHORIZED				
COMMON	5,000,000				
4.) STATE OR COUNTRY OF INCORPORATION: TX					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2025 SOUTH HUGHES CITY/ST/ZIP: AMARILLO, TX 79109-2265	
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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: MICHAEL CONNEALY TITLE: PRESIDENT ADDRESS: 7950 MAIN STREET N., STE. 230 CITY/ST/ZIP/CO: MAPLE GROVE, MN 55369	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KENDALL JONES TITLE: VICE PRESIDENT ADDRESS: 101 N MAIN AVE STE 31 CITY/ST/ZIP/CO: SIOUX FALLS, SD 57104	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: RUSSELL KLEIN TITLE: TREASURER ADDRESS: 7950 MAIN ST. N, STE. 230 CITY/ST/ZIP/CO: MAPLE GROVE, MN 55369	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: GRANT ADAMS TITLE: SECRETARY ADDRESS: 2025 S HUGHES CITY/ST/ZIP/CO: AMARILLO, TX 79109	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JILL ESTEP TITLE: DIRECTOR ADDRESS: 5910 MINERAL POINT ROAD CITY/ST/ZIP/CO: MADISON, WI 53701	<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/ RUSSELL KLEIN	RUSSELL KLEIN, TREASURER	4/15/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.