

No. <b>C 136201</b>		<b>Due no later than Nov 30, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  GROWERS NATIONAL COOPERATIVE INSURANCE AGENCY, INC. SUSAN AUSMAN PO BOX 1283 LEWISTON ID 83501		R JOHN TAYLOR 111 MAIN ST LEWISTON ID 83501			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	KIETH KINZER	PO BOX 1283	LEWISTON	ID	USA	83501	
TREASURER	GENE STOEL	PO BOX 1283	LEWISTON	ID	USA	83501	
SECRETARY	JOLEE K DUCLOS	PO BOX 1283	LEWISTON	ID	USA	83501	
DIRECTOR	KIETH KINZER	PO BOX 1283	LEWISTON	ID	USA	83501	
DIRECTOR	JOHN MCCLENDON	PO BOX 1283	LEWISTON	ID	USA	83501	
DIRECTOR	BOB BEAKLEY	PO BOX 1283	LEWISTON	ID	USA	83501	
DIRECTOR	DON ELSBERND	PO BOX 1283	LEWISTON	ID	USA	83501	
DIRECTOR	KENDALL HODGSON	PO BOX 1283	LEWISTON	ID	USA	83501	
DIRECTOR	GENE STOEL	PO BOX 1283	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:  <b>ID</b> <b>C 136201</b>		6. Annual Report must be signed.*  Signature: JoLee K. Duclos Name (type or print): JoLee K. Duclos					
		Date: 09/16/2009 Title: Secretary					
Processed 09/16/2009      * Electronically provided signatures are accepted as original signatures.							