

No. C 125489	Due no later than Sep 30, 2009 Annual Report Form	2. Registered Agent and Address (NO PO BOX)																																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FARMERS CROP INSURANCE ALLIANCE, INC. ROBERT J. ZBACNIK 580 WALNUT STREET CINCINNATI OH 45202	 3. <u>New</u> Registered Agent Signature: *																																									
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).																																											
<table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>DONALD D LARSON</td> <td>580 WALNUT STREET</td> <td>CINCINNATI</td> <td>OH</td> <td>USA</td> <td>45202</td> </tr> <tr> <td>SECRETARY</td> <td>KAREN HOLLEY HORRELL</td> <td>580 WALNUT STREET</td> <td>CINCINNATI</td> <td>OH</td> <td>USA</td> <td>45202</td> </tr> <tr> <td>DIRECTOR</td> <td>RONALD J BRICHLER</td> <td>49 E. FOURTH STREET</td> <td>CINCINNATI</td> <td>OH</td> <td>USA</td> <td>45202</td> </tr> <tr> <td>DIRECTOR</td> <td>KAREN HOLLEY HORRELL</td> <td>580 WALNUT STREET</td> <td>CINCINNATI</td> <td>OH</td> <td>USA</td> <td>45202</td> </tr> <tr> <td>DIRECTOR</td> <td>DONALD D LARSON</td> <td>580 WALNUT STREET</td> <td>CINCINNATI</td> <td>OH</td> <td>USA</td> <td>45202</td> </tr> </tbody> </table>	Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	DONALD D LARSON	580 WALNUT STREET	CINCINNATI	OH	USA	45202	SECRETARY	KAREN HOLLEY HORRELL	580 WALNUT STREET	CINCINNATI	OH	USA	45202	DIRECTOR	RONALD J BRICHLER	49 E. FOURTH STREET	CINCINNATI	OH	USA	45202	DIRECTOR	KAREN HOLLEY HORRELL	580 WALNUT STREET	CINCINNATI	OH	USA	45202	DIRECTOR	DONALD D LARSON	580 WALNUT STREET	CINCINNATI	OH	USA	45202	
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5. Organized Under the Laws of: KS C 125489	6. Annual Report must be signed.* Signature: Robert J. Zbacnik Name (type or print): Robert J. Zbacnik Date: 08/17/2009 Title: Director-State & Local Taxes																																										
Processed 08/17/2009 * Electronically provided signatures are accepted as original signatures.																																											