



**STATE OF ARIZONA
CORPORATION COMMISSION**



**BUSINESS CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE
DOMESTIC**

FOR FISCAL YEAR ENDING 12/31/1995

DUE ON OR BEFORE 04/15/1996

The following information is required by A.R.S. §10-125 for all general corporations organized for profit, professional corporations, and business trusts authorized to transact business in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-142. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0132153-1
 Corporation Name: WESTERN AG INSURANCE AGENCY, INC.
 Address: 3401 E ELWOOD ST

City, State, Zip: PHOENIX AZ 85040-
 Domicile: ARIZONA
 Type: PROFIT

Arizona Statutory Agent: BARBARA MOORE
 Street Address: 3401 E ELWOOD ST
 (NOT P.O. BOX)

City, State, Zip: PHOENIX AZ 85040-

A.C.C. CORPORATIONS DIV.
RECEIVED

MAR 19 1996

DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING

1. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation in Arizona.

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 16. General Consulting | <input type="checkbox"/> 31. Restaurant/Bar |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 17. Health Care | <input type="checkbox"/> 32. Retail Sales |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 18. Hotel/Motel | <input type="checkbox"/> 33. Science/Research |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 19. Import/Export | <input type="checkbox"/> 34. Sports/Sporting Events |
| <input type="checkbox"/> 5. Architecture | <input checked="" type="checkbox"/> 20. Insurance | <input type="checkbox"/> 35. Tax Services |
| <input type="checkbox"/> 6. Attorneys at Law | <input type="checkbox"/> 21. Legal Services | <input type="checkbox"/> 36. Technology (Computer) |
| <input type="checkbox"/> 7. Banking/Finance | <input type="checkbox"/> 22. Manufacturing | <input type="checkbox"/> 37. Technology (General) |
| <input type="checkbox"/> 8. Barbers/Cosmetology | <input type="checkbox"/> 23. Medicine/Dentistry | <input type="checkbox"/> 38. Television/Radio |
| <input type="checkbox"/> 9. Construction | <input type="checkbox"/> 24. Mining | <input type="checkbox"/> 39. Tourism/Convention Services |
| <input type="checkbox"/> 10. Contractor | <input type="checkbox"/> 25. News Media | <input type="checkbox"/> 40. Transportation |
| <input type="checkbox"/> 11. Credit/Collection | <input type="checkbox"/> 26. Pharmaceutical | <input type="checkbox"/> 41. Utilities |
| <input type="checkbox"/> 12. Education | <input type="checkbox"/> 27. Publishing/Printing | <input type="checkbox"/> 42. Veterinary Medicine/
Animal Care |
| <input type="checkbox"/> 13. Engineering | <input type="checkbox"/> 28. Ranching/Livestock | <input type="checkbox"/> 43. Other _____ |
| <input type="checkbox"/> 14. Entertainment | <input type="checkbox"/> 29. Real Estate | |
| <input type="checkbox"/> 15. Farming | <input type="checkbox"/> 30. Resort | |

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Total	\$ _____

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less 26 - 100 _____ 101 - 500 _____ Over 500 _____

3. ~ ~ If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below ~ ~ and PRESIDENT or VICE PRESIDENT must sign page 4 of this report. ~ ~

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Barbara Moore
 Statutory Agent Name Barbara Moore

3401 East Elwood St.
 Address

Signature

Phoenix, AZ 85040
 City, State, Zip

4. CAPITALIZATION: (NOTE: Business Trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.)

Number of Shares Authorized	Class	Series	Par Value
100,000	Common		\$10.00

Number of Shares Issued	Class	Series	Par Value
500	Common		\$10.00

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --
SEE ATTACHED SHEET

5. OFFICERS (If no changes since last report, check here and go on to Section 6.)

PRESIDENT: KENNY EVANS
Address: 4141 W EL DORADO RD
YUMA, AZ 85364-

Date taking office: 03-22-93

SECRETARY: ANDY KURTZ
Address: PO BOX 20180
PHOENIX, AZ 85036-

Date taking office: 08-10-87

VICE PRESIDENT: V THOMAS GEARY
Address: RTE 2
BURLEY, ID 83318-

Date taking office: 02-21-84

TREASURER: GORDON L SCOTT
Address: PO BOX 5087
DENVER, CO 80217-

Date taking office: 03-22-93

6. DIRECTORS (If no changes since last report, check here and go on to Section 7.)

NAME: KENNY EVANS
Address: 4141 W EL DORADO RD
YUMA, AZ 85364-

Date taking office: 03-22-93

NAME: ROGER BILL MITCHELL
Address: 3914 NORTH RD
MONTE VISTA, CO 81144-

Date taking office: 03-22-93

NAME: V THOMAS GEARY
Address: RTE 2
BURLEY, ID 83318-

Date taking office: 02-20-74

NAME: MERLIN PLAGGE
Address: 5400 UNIVERSITY
W DES MOINES, IA 50265-

Date taking office: 03-15-88

7. SHAREHOLDERS of record holding more than 20% of any class of shares issued by the corporation or having more than 20% beneficial interest in the corporation. If none, so state.

(If no changes since last report, check here and go on to Section 8.)

NAME WESTERN FARM BUREAU MANAGEMENT

NAME _____

NAME _____

NAME _____

WESTERN AG INSURANCE AGENCY
CORPORATE OFFICERS AND DIRECTORS
AS OF 12/31/95

OFFICERS

PRESIDENT

NAME: Kenny Evans
ADDRESS: 4141 W. El Dorado Road
Yuma, AZ 85364
Date of taking office: 03/22/93

VICE PRESIDENT

NAME: John Van Sweden
ADDRESS: HC, Box 10
Raton, NM 87740-0010
Date of taking office: 03/13/95

SECRETARY

NAME: Andy Kurtz
ADDRESS: 3401 E. Elwood Street
Phoenix, AZ 85040
Date of taking office: 03/22/93

TREASURER

NAME: Patrick E. Preist
ADDRESS: 1200 Lincoln Street
Denver, CO 80203
Date of taking office: 03/13/95

EXECUTIVE VICE PRESIDENT

NAME: Robert S. Condie
ADDRESS: 1200 Lincoln Street
Denver, CO 80203
Date of taking office: 05/07/74

DIRECTORS

NAME: Kenny Evans
ADDRESS: 4141 W. El Dorado Road
Yuma, AZ 85364
Date of taking office: 03/22/93

NAME: V. Thomas Geary
ADDRESS: Route #2
Burley, ID 83318
Date of taking office: 02/21/84

NAME: Roger Bill Mitchell
ADDRESS: 3914 North Road, SE
Monte Vista, CO 81144
Date of taking office: 03/22/93

NAME: Merlin Plagge
ADDRESS: 5400 Univeristy
West Des Moines, IA 50265
Date of taking office: 03/15/88

NAME: Dave McClure
ADDRESS: Route 2 Box 2234
Lewiston, MT 59457
Date of taking office: 05/07/87

NAME: Bryce Neidig
ADDRESS: 5225 S. 16th Street
Lincoln, NE 68501
Date of taking office: 05/07/87

NAME: John Van Sweden
ADDRESS: HC62, Box 10
Raton, NM 87740-0010
Date of taking office: 03/15/84

NAME: Howard Schmid
ADDRESS: HC62, Box 72
Oberon, ND 58357-0072
Date of taking office: 05/07/90

NAME: Eidon Merklin
ADDRESS: P.O. Box 53332 Capitol S
Oklahoma City, OK 73151
Date of taking office: 03/15/94

NAME: Karen Henry
ADDRESS: Box 711
Robertson, WY 82944
Date of taking office: 03/15/92

WESTERN AG INSURANCE AGENCY, INC

COMPARATIVE BALANCE SHEET

AS OF DECEMBER 31, 1995 AND 1994

<u>ASSETS:</u>	1995	1994	INCREASE (DECREASE)
Cash in Bank	\$2,281	\$7,003	(\$4,722)
Investments – Short Term	11,000	13,000	(\$2,000)
Accrued Interest	51	74	(23)
Taxes Receivable	200	–	200
TOTAL ASSETS	\$13,532	\$20,077	(\$6,545)
<u>LIABILITIES AND CAPITAL:</u>			
<u>LIABILITIES:</u>			
Premiums Payable	\$4,655	\$8,848	(\$4,193)
Taxes Payable	–	384	(384)
TOTAL LIABILITIES	4,655	9,232	(4,577)
<u>CAPITAL:</u>			
Common Stock	5,000	5,000	–
Retained Earnings	3,877	5,845	(1,968)
TOTAL CAPITAL	8,877	10,845	(1,968)
 TOTAL LIABILITIES AND CAPITAL	 \$13,532	 \$20,077	 (\$6,545)

9.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-128)

Has any person serving either by election or appointment as officers, directors, trustees, incorporators and persons controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation:

1. Been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate;
2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate;
3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order:
 - (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) involved the violation of the consumer fraud laws of that jurisdiction, or
 - (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES _____

NO XX

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

9.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-128.01)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes _____ Chapter _____ Date Filed _____ Case Number _____ No XX

10. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

By Robert S. Condie Date 3/14/96 By _____ Date _____

Title Robert S. Condie, Exec. Vice President Title _____