

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000829

FILED
Jan 06, 2012
Secretary of State

Entity Name: HEARTLAND CROP INSURANCE, INC.

Current Principal Place of Business:

120 SE 6TH AVE STE 2-210
TOPEKA, KS 66603

New Principal Place of Business:

Current Mailing Address:

PO BOX 330
TOPEKA, KS 666010330

New Mailing Address:

FEI Number: 48-1227624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MILLER, MICHAEL A
Address: 120 SE 6TH AVE STE 2-210
City-St-Zip: TOPEKA, KS 66603

Title: CHMN
Name: BRADLEY, DARYL W
Address: 477 MARTINSVILLE ROAD
City-St-Zip: LIBERTY CORNER, NJ 07938

Title: SECR
Name: MUKHERJEE, SANJOY
Address: 477 MARTINSVILLE ROAD
City-St-Zip: LIBERTY CORNER, NJ 07938

Title: VP
Name: SHULER, PAUL W
Address: 120 SE 6TH AVE STE 2-210
City-St-Zip: TOPEKA, KS 66603

Title: TRES
Name: LOPAPA, FRANK N
Address: 477 MARTINSVILLE ROAD
City-St-Zip: LIBERTY CORNER, NJ 07938

Title: VP
Name: NAUHOLZ, TRENT W
Address: 120 SE 6TH AVENUE, STE 2-210
City-St-Zip: TOPEKA, KS 66603

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES D. EASTBURN

CFO

01/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date