

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 17 PM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001801 (9)

1. Corporation Name:

CROP GROWERS INSURANCE, INC.

Principal Place of Business

P.O. BOX 5024
GREAT FALLS MT 59403-5024

Mailing Address

P.O. BOX 5024
GREAT FALLS MT 59403-5024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1994

3a. Date of Last Report

2. Principal Place of Business

21 201 Crop Growers Drive

2a. Mailing Address

26 P.O. Box 5024

4. FEI Number

81-0459975

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Great Falls, Montana 59401

City & State

28 Great Falls, Montana 59403-5024

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

County

24 59401

25 Cascade

Zip

County

29 59403-5024

30 Cascade

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Agent or other person authorized to register agent and file this statement)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HEMMINGSON, JOHN J
STREET ADDRESS	5102 29TH DRIVE, STE B
CITY, ST, ZIP	LUBBOCK TX
TITLE	V
NAME	HARDY, LORIE C
STREET ADDRESS	317 30TH AVENUE N.E.
CITY, ST, ZIP	GREAT FALLS MT
TITLE	STD
NAME	BLACK, GARY A
STREET ADDRESS	3325 15TH AVENUE SOUTH
CITY, ST, ZIP	GREAT FALLS MT
TITLE	VD
NAME	VETTER, THOMAS J
STREET ADDRESS	1970 EAST BELMONT DRIVE
CITY, ST, ZIP	TEMPE AZ
TITLE	V
NAME	MCINTOSH, JOHN J
STREET ADDRESS	2905 4TH AVENUE NORTH
CITY, ST, ZIP	GREAT FALLS MT
TITLE	V
NAME	YOUNG, JOHN O
STREET ADDRESS	803 MAIN STREET
CITY, ST, ZIP	PROSSER WA

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	See attached
1.3 STREET ADDRESS	See attached
1.4 CITY, ST, ZIP	See attached
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	See attached
2.3 STREET ADDRESS	See attached
2.4 CITY, ST, ZIP	See attached
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	See attached
3.3 STREET ADDRESS	See attached
3.4 CITY, ST, ZIP	See attached
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	See attached
4.3 STREET ADDRESS	See attached
4.4 CITY, ST, ZIP	See attached
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	See attached
5.3 STREET ADDRESS	See attached
5.4 CITY, ST, ZIP	See attached
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	See attached
6.3 STREET ADDRESS	See attached
6.4 CITY, ST, ZIP	See attached

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary A. Black

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

406-791-3417

CROP GROWERS INSURANCE, INC.

OFFICERS

NAME:	OFFICE:	ADDRESS:
John Hemmingson	President	201 Crop Growers Drive Great Falls, Montana 59401
Gary Black	Secretary/Treasurer	201 Crop Growers Drive Great Falls, Montana 59401
Ron Miiller	Vice-president	7500 College Blvd., Ste. 1170 Overland Park, Kansas 66210
Jim McMillan	Vice-president	7500 College Blvd., Ste. 1170 Overland Park, Kansas 66210
Jack Bjerke	Vice-president	1201 Prairie Parkway West Fargo, North Dakota 58078
Rich Bartlett	Vice-president	250 Northwest Blvd., Ste. 200 Coeur D'Alene, Idaho 83814
John Young	Vice-president	250 Northwest Blvd., Ste. 200 Coeur D'Alene, Idaho 83814
Brenda Karvas	Vice-president	8220 Orlando Lubbock, Texas 79423
Tom Vetter	Vice-president	955 W. Chandler Blvd., Ste. 15 Chandler, Arizona 85244
Jay Douglas	Vice-president	1601 I Street, Ste. 300 Modesto, California
John McIntosh	Vice-president	201 Crop Growers Drive Great Falls, Montana 59401
Dave Schuler	Vice-president	201 Crop Growers Drive Great Falls, Montana 59401
Lorrie Hardy	Vice-president	201 Crop Growers Drive Great Falls, Montana 59401
Cindy Schuler	Vice-president	201 Crop Growers Drive Great Falls, Montana 59401

DIRECTORS

NAME:	ADDRESS:
John Hemmingson	201 Crop Growers Drive Great Falls, Montana 59401
Gary Black	201 Crop Growers Drive Great Falls, Montana 59401