

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000829

Entity Name: HEARTLAND CROP INSURANCE, INC.

Current Principal Place of Business:

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

Current Mailing Address:

PO BOX 330
TOPEKA, KS 66601-0330

FEI Number: 48-1227624

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

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

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

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

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

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

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

Title VP
Name HOWARD, SCOTT C
Address 120 SE 6TH AVE STE 2-210
City-State-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: SCOTT C. HOWARD

CFO

05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date