

**2015 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           SECR  
Name           MUKHERJEE, SANJOY  
Address        477 MARTINSVILLE ROAD  
City-State-Zip: LIBERTY CORNER NJ 07938

Title           PRESIDENT  
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

Title           CHAIRMAN  
Name           CAMERINO, JAMES  
Address        477 MARTINSVILLE RD  
City-State-Zip: LIBERY CORNER NJ 07938

*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**

**VP**

**05/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date