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Special Instructions to Filing Officer:
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02/12/10--01003--027 \*\*800.00

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2010 FEB 12 MI II: 34
SECRETARY OF STATE,
TALLAHASSEE, FIORE,

J. SUNERS FEB 15 2010 0-201

# **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Crop1 Insurance Direct, 1	inc
	me of corporation - must include suffix
Dear Sir or Madam:	
	n Corporation for Authorization to Transact Business in Florida," cate of Good Standing" and check are submitted to register the above sact business in Florida.
Please return all correspondence conc	erning this matter to the following:
	Joe L. Kaiser, Vice President
	Name of Person
	Crop1 Insurance Direct, Inc.
	Firm/Company
	5400 University Avenue
	Address
	West Des Moines, IA 50266
	City/State and Zip code
	City/State and Zip code  Joe.Kaiser@AgMaxInsurance.com
E-mail add	ress: (to be used for future annual report notification)
For further information concerning th	is matter, please call:
Joe L. Kaiser	at ( 515 ) 226-6833
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDR New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following	amount:
	Tiling Fee & S78.75 Filing Fee & S87.50 Filing Fee, atte of Status Certified Cop Certificate of Status & Certified Copy

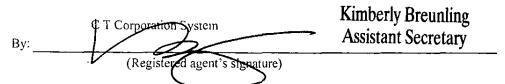
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Crop1 Insuran	ce Direct, Inc.		•		
	corporation; must include "INCORPORATEI Corp," "Inc," "Co," or "Corp.")	D,'	"COMPANY," "CORPORATION,"		
N/A					
(If name unavai	lable in Florida, enter alternate corporate nam	ie a	dopted for the purpose of transacting business in Fl	orida)	
2. Wyoming		3. 83-0334310			
(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
4. 2-4-2002	5	5.	perpetual		
(Dat	e of incorporation)		(Duration: Year corp. will cease to exist or "perpet	ual")	
6. <sup>7-1-2008</sup>			•		
,	Avenue, West Des Moines, IA 50266  (Principal office add Avenue, West Des Moines, IA 50266	_ ldr	ess)  Age H		
	(Current mailing ad	ldr	ess)	,	
8. Service Insuran	ce Claims		SSEE 12	[maches	
(Purpose(	s) of corporation authorized in home state or c	zοι	intry to be carried out in state of Florida)		
9. Name and stree	et address of Florida registered agent: (P.	Ο.	ntry to be carried out in state of Florida)  Box NOT acceptable)		
Name:	C T Corporation System		<del></del>		
Office Address:	1200 South Pine Island Road				
	Plantation,		, Florida <u>33324</u>		
•	(City)		(Zip code)		

#### 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: \_ Address: \_ **B. OFFICERS** President: Craig A. Lang Address: 5400 University Avenue West Dcs Moines, IA 50266 Vice President: Bruce A. Trost - CEO Address: 5400 University Avenue West Des Moines, IA 50266 Secretary: Edward G. Parker Address: 5400 University Avenue, West Des Moines, IA 50266 Treasurer: James P. Brannen Address: 5400 University Avenue, West Des Moines, IA 50266 NOTE: If nepessary, you may attach an addendum to the application listing additional officers and/or directors.

(Signature of Director or Officer listed in number 12 of the application) 14. Bruce A. Trost - CEO

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

ss.

2010 FEB 12 AM II: 34

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

## Crop 1 Insurance Direct, Inc.

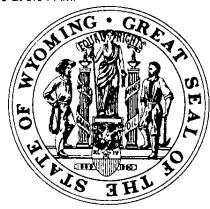
is a

### **Profit Corporation**

formed or qualified under the laws of Wyoming did on **January 17, 2001**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2001-000415948**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of December, 2009 at 9:04 AM.



May Maffield Secretary of State

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