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2010 FEB 12 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 15 2010  
610-2017  
119

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Crop1 Insurance Direct, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning 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

Joe.Kaiser@AgMaxInsurance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe L. Kaiser

at ( 515 ) 226-6833

Name of Person

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

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:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Cop    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**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 Insurance Direct, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wyoming

(State or country under the law of which it is incorporated)

3. 83-0334310

(FEI number, if applicable)

4. 2-4-2002

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 7-1-2008

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5400 University Avenue, West Des Moines, IA 50266

(Principal office address)

5400 University Avenue, West Des Moines, IA 50266

(Current mailing address)

8. Service Insurance Claims

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, , Florida 33324

(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.*

By: \_\_\_\_\_

C T Corporation System

(Registered agent's signature)

**Kimberly Breunling**  
**Assistant Secretary**

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.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Craig A. Lang

Address: 5400 University Avenue

West Des 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 necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Bruce A. Trost - CEO

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# State of Wyoming

## Office of the Secretary of State



United States of America, }  
State of Wyoming } ss.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.



*Max Maxfield*  
Secretary of State

By *Rosalee Gonzales*