

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 18, 2011
Secretary of State

Entity Name: CROP 1 INSURANCE DIRECT, INC.

Current Principal Place of Business:

5400 UNIVERSITY AVE
WEST DES MOINES, IA 50266

New Principal Place of Business:

Current Mailing Address:

5400 UNIVERSITY AVE
WEST DES MOINES, IA 50266

New Mailing Address:

FEI Number: 83-0334310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: LANG, CRAIG A
Address: 5400 UNIVERSITY AVE
City-St-Zip: WEST DES MOINES, IA 50266

Title: CD
Name: BACCUS, STEVEN L
Address: 2627 KFB PLAZA
City-St-Zip: MANHATTAN, KS 66502

Title: VPD
Name: HOHMANN, JAMES E
Address: 5400 UNIVERSITY AVE
City-St-Zip: WEST DES MOINES, IA 50266

Title: S
Name: PARKER, EDWARD G
Address: 5400 UNIVERSITY AVE
City-St-Zip: WEST DES MOINES, IA 50266

Title: T
Name: BRANNEN, JAMES P
Address: 5400 UNIVERSITY AVE
City-St-Zip: WEST DES MOINES, IA 50266

Title: AS
Name: MCNEILL, DAVID A
Address: 5400 UNIVERSITY AVENUE
City-St-Zip: WEST DES MOINES, IA 50266

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: DAVID A. MCNEILL

AS

03/18/2011

Electronic Signature of Signing Officer or Director

Date