

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001801 (9)

1. Corporation Name
CROP GROWERS INSURANCE, INC.

Principal Place of Business
**201 CROP GROWERS DR.
GREAT FALLS MT 59401**

Mailing Address
**P.O. BOX 5024
GREAT FALLS MT 59403-5024**



3. Date Incorporated or Qualified **04/08/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21 **10895 Lowell Ave.**
Suite, Apt. #, etc.
22 **Suite 300**

2a. Mailing Address
26 **P.O. Box 25951**
Suite, Apt. #, etc.
27

4. FEI Number **81-0459975**
Applied For ☐ Not Applicable ☐

23 **Overland Park, KS**
City & State
24 **KS** 25 **U.S.**
Zip Country

27 **Overland Park, KS**
City & State
28 **KS** 29 **66225-5951** 30 **U.S.**
Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HEMMINGSON, JOHN J	
STREET ADDRESS	201 CROP GROWERS DR.	
CITY - ST - ZIP	GREAT FALLS MT 59401	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BLACK, GARY	
STREET ADDRESS	201 CROP GROWERS DR.	
CITY - ST - ZIP	GREAT FALLS MT 59401	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, RON	
STREET ADDRESS	7500 COLLEGE BLVD. STE. 1170	
CITY - ST - ZIP	OVERLAND PARK KS 66210	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCILLIAN, JIM	
STREET ADDRESS	7500 COLLEGE BLVD. STE. 1170	
CITY - ST - ZIP	OVERLAND PARK KS 66210	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MJERKE, JACK	
STREET ADDRESS	1201 PRAIRIE PKWY.	
CITY - ST - ZIP	W. FARGO ND 58078	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BARLETT, RICH	
STREET ADDRESS	250 N.W. BLVD. STE. 200	
CITY - ST - ZIP	COCUR D'ALENE ID 83814	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	See Attached Listing	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Sandra B. Mortham** **RECEIVED** **4/29/97** **(913) 338-7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

CROP GROWERS INSURANCE, INC.

OFFICERS

<u>NAME:</u>	<u>OFFICE:</u>	<u>ADDRESS:</u>
Lawrence T. Martinez	CEO	10895 Lowell, Suite 300 Overland Park, KS 66210
David E. Hill	Secretary/Treasurer	10895 Lowell, Suite 300 Overland Park, KS 66210
Domingo Antonio Cid	Vice President	10895 Lowell, Suite 300 Overland Park, KS 66210
Butch Peterson	Vice President	10895 Lowell, Suite 300 Overland Park, KS 66210
Jeff McEnroe	Vice President	10895 Lowell, Suite 300 Overland Park, KS 66210
Jim McMillan	Vice President	10895 Lowell, Suite 300 Overland Park, KS 66210
Danny Baxley	Regional Vice President	831 Scott Avenue Lambert, MS 38643
Jack J. Chapman	Regional Vice President	1126 Meade Avenue Prosser, WA 99350
Jay Douglas	Regional Vice President	1601 I Street Modesto, CA 95354
Brenda Karvas	Regional Vice President	8220 Orlando Lubbock, TX 79423
John McIntosh	Regional Vice President	201 Crop Growers Drive Great Falls, MT 59401
Tom Vetter	Regional Vice President	1076 W. Chandler Blvd., Suite 108 Chandler, AZ 85224
Ron Miiller	Regional Vice President	5221 South 6 th Street Road Springfield, IL 62703
John Young, Jr.	Regional Vice President	524 Sherman Avenue Coeur D' Alene, ID 83814
Robert Schmidt	Regional Vice President	105 North 5 th Street Fargo, ND 58102

CROP GROWERS INSURANCE, INC.

DIRECTORS

NAME:

Lawrence T. Martinez

David E. Hill

ADDRESS:

10895 Lowell, Suite 300
Overland Park, KS 66210

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Overland Park, KS 66210