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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT Corporation System

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32310 222-1092

City State Zip Phone

CORPORATION(S) NAME

300002701643-2

-12/03/98-01044-014

*****35.00 *****35.00

Chap Showers Insurance, Inc.

- ☐ Profit
☐ NonProfit

☒ Amendment

☐ Merger

☐ Foreign

☐ Dissolution/Withdrawal

☐ Limited Liability Company

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Name Registration

☐ Change of R.A.

☐ Fictitious Name

☐ UCC-1 Financing Statement

☐ UCC-3 Filing

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DIVISION OF CORPORATION

APPLICATION BY FOREIGN CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN
FLORIDA

SECTION I (1-3 must be completed)

1. Crop Growers Insurance, Inc.
Name of corporation as it appears within the records of the Department of State.
2. Incorporated under laws of: Montana
3. Date authorized to do business in Florida: April 8, 1994

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TALLAHASSEE, FLORIDA

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?

September 17, 1998

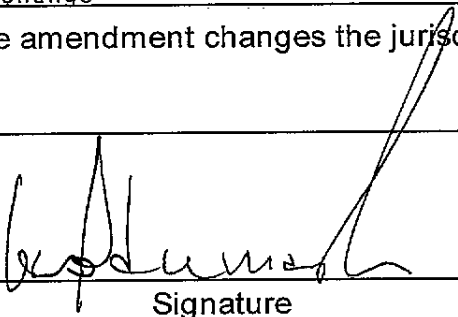
5. Name of corporation after the amendment, adding suffix "corporation," "company," "incorporated," or appropriate abbreviation, if not contained in new name of the corporation:

Fireman's Fund AgriBusiness, Inc.

6. If the amendment changes the period of duration, indicate new period of duration.

No Change

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.



Signature

Name and Title

Harold N. Marsh, III, Vice
President

11-18-98

Date

SECRETARY OF STATE

STATE OF MONTANA

CERTIFICATE OF FACT

I, **MIKE COONEY**, Secretary of State of the State of Montana, do hereby certify that on **June 2, 1989**, **CROP GROWERS INSURANCE, INC.** was incorporated under the laws of the State of Montana and received its Certificate of Incorporation for a term of perpetual duration.

I further certify that on **December 30, 1993**, **CROP GROWERS INSURANCE, INC.**, filed Restated Articles of Incorporation.

I further certify that on **June 14, 1994**, **CROP GROWERS INSURANCE, INC.**, filed Restated Articles of Incorporation.


I further certify that on **September 17, 1998**, **CROP GROWERS INSURANCE, INC.** filed an Amendment to the Articles of Incorporation changing the corporation name to **FIREMAN'S FUND AGRIBUSINESS, INC.**

I further certify that the registered agent for the corporation as listed on the 1998 annual report is **C T CORPORATION SYSTEM, 40 West Lawrence, Suite A, Po Box 1166, Helena, Montana, 59624-1166.**

I further certify that the officers and directors of the corporation as listed on the 1998 annual report are: President/Director: Lawrence T. Martinez, 10895 Lowell, Suite 300, Overland Park, Kansas, 66210, Vice President/Director: Harold N. Marsh, III, 777 San Marin Drive, Navato, California, 94998, Secretary: Thomas A. Swanson, 777 San Marin Drive, Navato, California, 94998, and Treasurer/Director: David E. Hill, 10895 Lowell, Suite 300, Overland Park, Kansas, 66210.

I further certify that the corporation has filed all required reports with this office and that no notice or decree of dissolution has been filed with this office and is in good standing.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this **November 25, 1998.**


Mike Cooney
MIKE COONEY
Secretary of State *Superintendent*