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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90085 001 \*\*\*150.00

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## DOCUMENT # F9400001801

CROP GROWERS INSURANCE, INC.

Principal Place of Business	Mailing Address	Mailing Address			4010111031	19111 90191 1181 1091	
COSS LOWELL AVE STE #300 PARK KS 66210	P.O. BOX 25951 Overland Park KS 66225 US			DO NOT WRITE IN THIS SPACE			
•				3. Date Incorporated or Qualified 04/08/1994			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
1	26			<u>81-0459975</u>		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	,	<b>5</b> Additional e Required	
City & State	City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be led to Fees	
Zip Country	Zip Co	untry		8. This corporation owes the current year Ir	itangible		
4 25	30			Personal Property Tax.	☐ Yes	∑kNo	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM		81	Name				
1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324		83					
		84	City		85	Zip Code	

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 typed or printed name of revisitored event and title if applicable	NOTE Re	eristered Agent Signature r	equired when reinstation) DATE		\	
OFFICERS AND DIRECTORS		13.	<u></u>			
PD	X DELETE	1.1 TITLE		Change	Addition	
MARTINEZ, LAWRENCE T		1.2 NAME			Ì	
10895 LOWELL, #300		1.3 STREET ADDRESS			}	
OVERLAND PARK KS		1.4 CTTY-ST-ZIP			ł	
S	DELETE	2.1 TITLE		Change	☐ Addition	
KLOENHAMER, J S	:	2.2 NAME				
777 SAN MARIN DR		2.3 STREET ADDRESS				
NOVATO CA 94998		2,4 CITY-ST-ZIP				
VO	DELETE	3.1 TITLE		☐ Change	☐ Addition	
MARSH, III H N		3.2 NAME			ĺ	
777 SAN MARIN DR		3.3 STREET ADDRESS				
NOVATO CA 94998		3.4. CITY-ST-ZIP				
TD	DELETE	4.1 TTLE		☐ Change	☐ Addition	
HILL, D E	•	4.2 NAME			ļ	
10895 LOWELL, STE 300		4.3 STREET ADDRESS			ĺ	
OVERLAND PK KS 66210		4.4 CITY-ST-ZIP				
, <b>D</b>	☐ DELETE	5.1 TTLE		Change	Addition	
AMEUSCHKE, J M		52 NAME			,	
727 CRAIG RD		5.3 STREET ADDRESS				
ST LOUIS MO 63141		5.4 CITY-ST-ZIP			]	
Assistant Secretary	DELETE	6.1 TITLE		Change	☐ Addition	
· —		6.2 NAME			j	
•		6.3 STREET ADDRESS			Ì	
Novato CA 94998		6.4 CITY-ST-ZIP				
	OFFICERS AND DIRECTORS PD MARTINEZ, LAWRENCE T 10895 LOWELL, #300 OVERLAND PARK KS S KLOENHAMER, J S 777 SAN MARIN DR NOVATO CA 94998 VD MARSH, III H N 777 SAN MARIN DR NOVATO CA 94998 TD HILL, D E 10895 LOWELL, STE 300 OVERLAND PK KS 66210 D MMEUSCHKE, J M 727 CRAIG RD ST LOUIS MO 63141 Assistant Secretary Holland, Janet M. 777 San Marin Drive	OFFICERS AND DIRECTORS  PD  MARTINEZ, LAWRENCE T  10895 LOWELL, #300  OVERLAND PARK KS  S  KLOENHAMER, J S  777 SAN MARIN DR  NOVATO CA 94998  VD  MARSH, III H N  777 SAN MARIN DR  NOVATO CA 94998  TD  HILL, D E  10895 LOWELL, STE 300  OVERLAND PK KS 66210  D  MREUSCHKE, J M  727 CRAIG RD  ST LOUIS MO 63141  Assistant Secretary  Holland, Janet M.  777 San Marin Drive	OFFICERS AND DIRECTORS  PD  MARTINEZ, LAWRENCE T  10895 LOWELL, #300  OVERLAND PARK KS  S  COVERLAND PARK KS  S  COVERLAND PARK KS  COVERLAND PARK COVERNO	OFFICERS AND DIRECTORS  The state of the sta	Delete	

I hereby certify that the information supplied with this filling 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 emowered 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 with all other like empowered.

SIGNATURE:

03/31/99

(415) 899-2000 1

## FIREMAN'S FUND AGRIBUSINESS, INC. (formerly known as Crop Growers Insurance, Inc.)

Purpose: Marketing and servicing of MPCI and crop hail insurance

295257-90085-1

DIRECTORS

Joseph F. Dillon, Jr. Bruce F. Friedberg David E. Hill \*

Harold N. Marsh, III John M. Meuschke Steven B. Resnick

### ELECTED OFFICERS

vacant

Harold N. Marsh, III David E. Hill

Janet S. Kloenhamer

President and
Chief Executive Officer
Executive Vice President
Chief Financial Officer and
Treasurer
Corporate Secretary

#### APPOINTED OFFICERS

Janet M. Holland

Assistant Secretary

Home office address: all of the above located at 777 San Marin Drive Novato, CA 94998 unless noted

\* 10895 Lowell, Suite 300, Overland Park, KS 66210