

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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 003 \*\*\*150.00

DOCUMENT # F98000005194

1. Corporation Name

CROP GROWERS INSURANCE SERVICES, INC.

Principal Place of Business

10895 LOWELL AVENUE, SUITE 300  
OVERLAND PARK KS 66225-5951

Mailing Address

10895 LOWELL AVENUE, SUITE 300  
OVERLAND PARK KS 66225-5951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1998

4. FEI Number

91-0981274

Applied For  
Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☒ DELETE  
NAME MARTINEZ, LAWRENCE T  
STREET ADDRESS 10895 LOWELL AVENUE, SUITE 300  
CITY-ST-ZIP OVERLAND PARK KS 66225-5951

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PCEO ☐ DELETE  
NAME CHAPMAN, JOHN J  
STREET ADDRESS 1119 VALLEY VIEW LANE  
CITY-ST-ZIP PROSSER WA 99350

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME SWEETLAND, DALE  
STREET ADDRESS 1119 VALLEY VIEW LANE  
CITY-ST-ZIP PROSSER WA 99350

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TASD ☐ DELETE  
NAME HILL, DAVID E  
STREET ADDRESS 10895 LOWELL AVENUE SUITE 300  
CITY-ST-ZIP OVERLAND PARK KS 66225

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE EVD ☐ DELETE  
NAME MARSH, HAROLD  
STREET ADDRESS 777 SAN MARIN DRIVE  
CITY-ST-ZIP NOVATO CA 94998

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME KLOENHAMER, JANET S  
STREET ADDRESS 777 SAN MARIN DRIVE  
CITY-ST-ZIP NOVATO CA 94998

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/99

(415) 899-2000

Date

Daytime Phone #

CR2E034 (11/98)

DOC-F98000005194  
295259-90085-3

CROP GROWERS INSURANCE SERVICES, INC.  
(formerly known as Chapman Lampson, Inc.)  
(Subsidiary of Crop Growers Corporation)

PURPOSE: Insurance Agency and Insurance Brokerage business

DIRECTORS

John J. Chapman, Jr.  
David E. Hill  
Harold N. Marsh, III

John M. Meuschke

ELECTED OFFICERS

vacant position \*

John J. Chapman, Jr. \*\*\*

Harold N. Marsh, III \*\*

David E. Hill \*

Janet S. Kloenhamer \*\*

Dale A. Sweetland \*

Chairman of the Board and Vice  
President

President and  
Chief Executive Officer

Executive Vice President

Treasurer

Corporate Secretary

Vice President

APPOINTED OFFICERS

Janet M. Holland

Assistant Secretary

All of the above are located at:

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

\*\* 777 San Marin Drive, Novato CA 94998

\*\*\* 1601 I Street, Suite 370, Modesto CA 95354

Home office address: 1126 Meade Avenue, Prosser WA 99350

03/31/99  
C.S.O.