

2000 UNIFORM BUSINESS REPORT (UBR)

0653680

1/22

DOCUMENT # F98000005194

1. Entity Name

CROP GROWERS INSURANCE SERVICES, INC.

FILED

00 APR 26 AM 10:53

Principal Place of Business

LOWELL AVENUE, SUITE 300

OVERLAND PARK KS 66225-5951

Mailing Address

10895 LOWELL AVENUE, SUITE 300

OVERLAND PARK KS 66210-1653

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **91-0981274**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, LAWRENCE T		NAME		
STREET ADDRESS	10895 LOWELL AVENUE, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK KS 66225-5951		CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAPMAN, JOHN J		NAME		
STREET ADDRESS	1119 VALLEY VIEW LANE		STREET ADDRESS		
CITY-ST-ZIP	PROSSER WA 99350		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWEETLAND, DALE		NAME		
STREET ADDRESS	1119 VALLEY VIEW LANE		STREET ADDRESS		
CITY-ST-ZIP	PROSSER WA 99350		CITY-ST-ZIP		
TITLE	TASD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILL, DAVID E		NAME		
STREET ADDRESS	10895 LOWELL AVENUE SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK KS 66225		CITY-ST-ZIP		
TITLE	EVD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSH, HAROLD		NAME		
STREET ADDRESS	777 SAN MARIN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NOVATO CA 94998		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLOENHAMER, JANET S		NAME		
STREET ADDRESS	777 SAN MARIN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NOVATO CA 94998		CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jeannette Y. Wong, Asst. Secty** **April 25, 2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **415-899-2000**

CR2E034 (9/99)

2 of 2

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

PURPOSE: Insurance Agency and Insurance Brokerage business

DIRECTORS

Joseph F. Dillon Jr. **
Lawrence A. Koch **

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

ELECTED OFFICERS

vacant position

John J. Chapman, Jr.***

Harold N. Marsh, III

Janet S. Kloenhamer **

Chairman of the Board and Vice
President
President and
Chief Executive Officer
Executive Vice President and
Treasurer
Corporate Secretary

APPOINTED OFFICERS

Jeannette Y. Wong **

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

*** at Home office address: 1126 Meade Avenue, Prosser WA 99350

**** 727 Craig Road, Creve Coeur MO 63141

04/25/00
C.S.O.