

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90134 037 ***150.00

00060462

DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000005194 1. Entity Name Crop Growers Insurance Services, Inc.					
Principal Place of Business 10895 Lowell Avenue, Suite 300 Overland Park KS 66225-5951			Mailing Address 777 San Marin Drive C/o Corp. Secty's Office Novato CA 94998		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT Corporation System 1200 South Pine Island Road Plantation FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martinez, Lawrence T		NAME	John J. Owens	
STREET ADDRESS	10895 Lowell, Ste 300		STREET ADDRESS	10895 Lowell, Ste 300	
CITY-ST-ZIP	Overland Park KS 66210		CITY-ST-ZIP	Overland Park KS 66210	
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chapman John J		NAME		
STREET ADDRESS	1126 Meade Avenue		STREET ADDRESS		
CITY-ST-ZIP	Prosser WA 99350		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marsh Harold N, III		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		
TITLE		<input type="checkbox"/> Delete	TITLE	Holland Janet M. (AS)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	777 San Marin Drive	
STREET ADDRESS			STREET ADDRESS	Novato CA 94998	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Janet M. Holland</i>		Janet M. Holland		4/24/01 (415) 899-2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (11/00)

Attachment Doc # F98000005194

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

COD60462

PURPOSE: Insurance Agency and Insurance Brokerage business

DIRECTORS

Joseph F. Dillon Jr. **
Lawrence A. Koch **
Harold N. Marsh, III **

John J. Owens *
Steven B. Resnick **

ELECTED OFFICERS

John J. Owens
John J. Chapman, Jr.***
Harold N. Marsh, III
Janet S. Kloenhamer **

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

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

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

04/24/01
C.S.O.