

F98000005194

FIREMAN'S FUND AGRIBUSINESS  
P.O. BOX 25951  
SHAWNEE MISSION, KS 66225-9815

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **400004218864--5**  
-05/15/01--01145--011  
\*\*\*\*\*70.00 \*\*\*\*\*35.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☒ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
01 MAY 15 PM 12:43  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**MAY 21 2001**

Examiner's Initials

Florida

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Washington submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Crop Growers Insurance Services, Inc.

2. The mailing address of the corporation : 777 San Marin Drive, Novato, CA 94998-1000

3. Date of incorporation/qualification: 9/16/98 Document number: F98000005194

4. The name and address of the current registered agent and office:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Betsy L. Kushner

5310 Cypress Center Drive

Tampa, FL 33609

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Dale Sweetland  
(Signature of an officer, chairman or vice chairman of the board)

5/4/01  
(Date)

Dale Sweetland, Assistant Secretary

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]  
(Signature of Registered Agent)

4-6-01  
(Date)

If signing on behalf of an entity:

BETSY L. KUSHNER  
(Typed or Printed Name)

TEAM LEADER  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*