

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90093 027 ***150.00

DOCUMENT # F98000005194

1. Entity Name
CROP GROWERS INSURANCE SERVICES, INC.

Principal Place of Business Mailing Address
777 SAN MARIN DRIVE 777 SAN MARIN DRIVE
NOVATO CA 94998-1000 NOVATO CA 94998-1000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **91-0981274** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
KUSHNER, BETSY L
FIREMAN'S FUND INSURANCE COMPANIES
4301 ANCHOR PLAZA PARKWAY
TAMPA FL 33634

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO CHAPMAN, JOHN J 1126 MEADE AVENUE PROSSER WA 99350 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT MARSH, HAROLD 777 SAN MARIN DRIVE NOVATO CA 94998 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KLOENHAMER, JANET S 777 SAN MARIN DRIVE NOVATO CA 94998 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C OWENS, JOHN J 10895 LOWELL, STE 300 OVERLAND PARK KS 66210 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS HOLLAND, JANET M 777 SAN MARIN DRIVE NOVATO CA 94998 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS Julie A. Garrison 777 San Marin Drive Novato CA 94998 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/02 (415) 899-2000
Date Daytime Phone #

CR2E034 (9/01)

Attachment # F980000005194 / 1611824

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. **
Harold N. Marsh, III **

John J. Owens *
Jeffrey H. Post **
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

Julie A. Garrison

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

03/13/02

C.S.O.