

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24495

FILED
Apr 04, 2005
Secretary of State

Entity Name: NATIONAL CROP INSURANCE SERVICES, INC.

Current Principal Place of Business:

8900 INDIAN CREEK PARKWAY
600
OVERLAND PARK, KS 66210 US

New Principal Place of Business:

Current Mailing Address:

8900 INDIAN CREEK PARKWAY
600
OVERLAND PARK, KS 66210 US

New Mailing Address:

FEI Number: 48-1066701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ET CORPORATION
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: LATHAM, BEN
Address: 2025 S.HUGHES
City-St-Zip: AMARILLO, TX 74105

Title: VC () Delete
Name: REMMERS, LANNY
Address: 2625 S 158TH PLZ #2962
City-St-Zip: OMAHA, NE 68130

Title: P () Delete
Name: PARKERSON, ROBERT W
Address: 8900 INDIAN CREEK PARKWAY #600
City-St-Zip: OVERLAND PARK, KS 66210

Title: 2VC () Delete
Name: JOYCE, JOHN
Address: 9200 NORTH PARK DR
City-St-Zip: JOHNSTON, IA 501312983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: MICHAEL, CONNEALY
Address: 3501 THURSTON AVENUE
City-St-Zip: ANOKA, MN 55303 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 2VC (X) Change () Addition
Name: STEVE, HARMS
Address: 9200 NORTH PARK DR
City-St-Zip: JOHNSTON, IA 501312983

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. PARKERSON

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04/04/2005

Electronic Signature of Signing Officer or Director

Date