
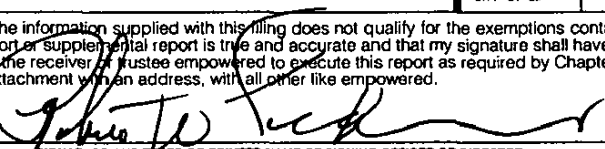


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90015 025 \*\*\*\*61.25

<b>DOCUMENT # P24495</b> 1. Entity Name <b>NATIONAL CROP INSURANCE SERVICES, INC.</b>					
Principal Place of Business <b>8900 INDIAN CREEK PARKWAY</b> <b>600</b> <b>OVERLAND PARK, KS 66210 US</b>			Mailing Address <b>8900 INDIAN CREEK PARKWAY</b> <b>600</b> <b>OVERLAND PARK, KS 66210 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>48-1066701</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ET CORPORATION</b> <b>1200 S PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATHAM, BEN		NAME	Mike Connealy	
STREET ADDRESS	2025 S.HUGHES		STREET ADDRESS	3501 Thurston Ave., Anoka, MN 55303	
CITY-ST-ZIP	AMARILLO, TX 74105		CITY-ST-ZIP		
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, CONNEALY		NAME	Steve Harms	
STREET ADDRESS	3501 THURSTON AVENUE		STREET ADDRESS	9200 Northpark Dr., Ste 300	
CITY-ST-ZIP	ANOKA, MN 55303		CITY-ST-ZIP	Johnston, IA 50131-3006	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKERSON, ROBERT W		NAME		
STREET ADDRESS	8900 INDIAN CREEK PARKWAY #600		STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK, KS 66210		CITY-ST-ZIP		
TITLE	2VC	<input checked="" type="checkbox"/> Delete	TITLE	2nd Vice Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE, HARMS		NAME	Steve Rutledge	
STREET ADDRESS	9200 NORTH PARK DR		STREET ADDRESS	6785 Westown Pkwy.	
CITY-ST-ZIP	JOHNSTON, IA 501312983		CITY-ST-ZIP	West Des Moines, IA 50266	
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		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	