

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24495

FILED  
Mar 14, 2007  
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: CONNEALY, MIKE  
Address: 3501 THURSTON AVE  
City-St-Zip: ANOKA, MN 55303

Title: VC ( ) Delete  
Name: HARMS, STEVE  
Address: 9200 NORTH PARK DR SUITE 300  
City-St-Zip: JOHNSTON, IA 501313006 US

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

Title: 2VC ( ) Delete  
Name: RUTLEDGE, STEVE  
Address: 6785 WESTOWN PKWY  
City-St-Zip: WEST DES MOINES, IA 50266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: TRONNES, RANDY  
Address: 3501 THURSTON AVE  
City-St-Zip: ANOKA, MN 55303

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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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03/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date