2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P24495

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:	TRONNES, RANDY	
Address:	3501 THURSTON AVE	
City-St-Zip:	ANOKA, MN 55303	
Title:	VC	( ) Delete
Name:	HARMS, STEVE	
Address:	9200 NORTHPARK 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 PRES 03/24/2009

Electronic Signature of Signing Officer or Director — Date