

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001811

**Entity Name:** CROP RISK SERVICES, INC.**Current Principal Place of Business:**132 S. WATER STREET  
SUITE 500  
DECATUR, IL 62523**Current Mailing Address:**132 S. WATER STREET  
SUITE 500  
DECATUR, IL 62523 US**FEI Number:** 37-1122370**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*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

**Officer/Director Detail :**

Title SENIOR VP - SALES & PRIVATE PRODUCTS  
Name SIMPSEN, SHAWN DEAN  
Address 132 S. WATER STREET SUITE 500  
City-State-Zip: DECATUR IL 62523

Title PRESIDENT, CEO, DIRECTOR  
Name YOUNG, BRIAN SCOTT  
Address 132 S. WATER STREET SUITE 500  
City-State-Zip: DECATUR IL 62523

Title VP - CLAIMS  
Name FAHL, JOHN BERNARD  
Address 132 S. WATER STREET SUITE 500  
City-State-Zip: DECATUR IL 62523

Title CFO, TREASURER  
Name SCHUSTER, DAWN MICHELLE  
Address 132 S. WATER STREET SUITE 500  
City-State-Zip: DECATUR IL 62523

Title SECRETARY  
Name ROSA, LISA A  
Address 300 KIMBALL DRIVE SUITE 500  
City-State-Zip: PARSIPPANY NJ 07054

Title VP - INFORMATION TECHNOLOGY  
Name BRIGHT, SAMUEL EDWARD  
Address 132 S. WATER STREET SUITE 500  
City-State-Zip: DECATUR IL 62523

Title VP - GRAIN INTEGRATION  
Name MAULBERGER, STEVE CHARLES  
Address 132 S. WATER STREET SUITE 500  
City-State-Zip: DECATUR IL 62523

Title ASST. SECRETARY  
Name ZIMMERMAN, JONI MICHELLE  
Address 132 S. WATER STREET SUITE 500  
City-State-Zip: DECATUR IL 62523

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*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GENE HAMMOUD**ASSISTANT SECRETARY** 04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHAIRMAN  
Name YOUNG, BRIAN  
Address 132 S. WATER STREET  
SUITE 500  
City-State-Zip: DECATUR IL 62523  
  
Title DIRECTOR  
Name CONNOLLY, TOM  
Address 300 KIMBALL DRIVE, SUITE 500  
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR  
Name LATHAM, JESS BENSON  
Address 300 KIMBALL DRIVE, SUITE 500  
City-State-Zip: PARSIPPANY NJ 07054  
  
Title ASSISTANT SECRETARY  
Name HAMMOUD, GENE  
Address 300 KIMBALL DRIVE, SUIT 500  
City-State-Zip: PARSIPPANY NJ 07054