| No. C 173900 | | Due no later than Jul 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|--|---|----------------------|--------------------------|----------------------------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ADM CROP RISK SERVICES INC. GENE HAMMOUD 300 KIMBALL DRIVE SUITE 500 PARSIPPANY NJ 07054 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:* | | | |
| 4. Corporations: Enter Nar | mes and Busin | ess Addresses of Pre | esident, Secretary, and Directors. Treasure | er (optional). | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| PRESIDENT VICE PRESIDENT DIRECTOR SECRETARY | BRIAN S YOUNG SHAWN SIMPSEN ROBERT J. LIVINGSTON LISA A. ROSA | | 350 N. WATER STREET 350 N. WATER STREET 300 KIMBALL DRIVE SUITE 500 300 KIMBALL DRIVE SUITE 500 | DECATUR DECATUR PARSIPPANY PARSIPPANY | IL IL NJ NJ | USA USA USA USA | 62523 62523 07054 07054 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| 11. | | Signature: Gene Hammoud | | Date: 07/28/2017 | | | |
| C 173900 | | Name (type or print): Gene Hammoud | | Title: Associate General Counsel | | | |
| Processed 07/28/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | |