

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90370 008 ***150.00

DOCUMENT # F96000003102 1. Entity Name NATIONWIDE AGRIBUSINESS INSURANCE COMPANY			
Principal Place of Business 1963 BELL AVE DES MOINES, IA 50315		Mailing Address 1963 BELL AVE DES MOINES, IA 50315	
2. Principal Place of Business 1100 Locust St Suite, Apt. #, etc. Dept 2007 City & State Des Moines Iowa Zip 50391		3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country USA	
4. FEI Number 42-1015537		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BARNES, GALEN R 4800 OLDBRIDGE DRIVE COLUMBUS, OH 43220	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JORGENSEN, MARK A 1963 BELL AVE. DES MOINES, IA 50315	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEYER, DUANE L 725 WESTBRANCH DRIVE WAUKEE, IA 50263	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDER, DRUE M 4313 NE 58TH TERRACE KANSAS CITY, MO 64119	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLISON, EDWARD ORMBECK 401 HAMBURG AVENUE, BOX 8 HERMAN, MN 56248	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLINGSWORTH, DAVID KARL 7120 TEMPERANCE POINT ST WESTERVILLE, OH 43082	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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.			
SIGNATURE: _____ Mark A Jorgensen 4-29-04 515508-3300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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04292004 Chg-P CR2E034 (10/03)

4. FEI Number
42-1015537

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

See attached for changes

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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.

SIGNATURE: _____ Mark A Jorgensen 4-29-04 515508-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

Attachment
44042293
Doc# F96000003102

NATIONWIDE AGRIBUSINESS INSURANCE COMPANY
As of January 12, 2004

Officers

Stephen S. Rasmussen
Chairman of the Board
Nationwide Insurance
One Nationwide Plaza (1-37-05)
Columbus, OH 43216

David K. Hollingsworth
Vice Chairman
Nationwide Insurance
One Nationwide Plaza (1-36-46)
Columbus, OH 43216

Duane L. Meyer
President and Chief Operating Officer
Farmland Insurance/Nationwide® Agribusiness
1100 Locust Street, Department 3000
Des Moines, IA 50391-3000

Patricia R. Hatler
Executive Vice President and General Counsel
Nationwide Insurance
One Nationwide Plaza (1-37-08)
Columbus, OH 43216

Terri L. Hill
Executive Vice President – Chief Administrative Officer
Nationwide Insurance
One Nationwide Plaza (1-37-15)
Columbus, OH 43216

Robert A. Rosholt
Executive Vice President – Chief Finance and Investment Officer
Nationwide Insurance
One Nationwide Plaza (1-37-12)
Columbus, OH 43216

Attachment

Michael S. Ekiss
Senior Vice President – Operations
Farmland Insurance/Nationwide® Agribusiness
1100 Locust Street, Department 3000
Des Moines, IA 50391-3000

44042293
#F96000003102

Wendell P. Crosser
Vice President and Treasurer
Allied Insurance
1100 Locust Street (DM-01-0002)
Des Moines, IA 50391

Glenn W. Soden
Associate Vice President and Secretary
Nationwide Insurance
One Nationwide Plaza (1-38-04)
Columbus, OH 43216

Attachment

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#96000003102

NATIONWIDE AGRIBUSINESS INSURANCE COMPANY
As of January 12, 2004

Board of Directors

Steven F. Burnet
94699 Monkland Lane
Moro, OR 97039

Wendell P. Crosser
Allied Insurance
1100 Locust Street (DM-01-0002)
Des Moines, IA 50391

John C. Fisher
Ohio Farm Bureau Federation, Inc.
Two Nationwide Plaza - 6th Floor
280 N. High Street
Columbus, OH 43215

David K. Hollingsworth
Nationwide Insurance
One Nationwide Plaza (1-36-46)
Columbus, OH 43216

Duane L. Meyer
President and Chief Operating Officer
Farmland Insurance/Nationwide® Agribusiness
1100 Locust Street, Department 3000
Des Moines, IA 50391-3000

Stephen S. Rasmussen
Nationwide Insurance
One Nationwide Plaza (1-37-05)
Columbus, OH 43216

Kirt A. Walker
Allied Insurance
1100 Locust Street (DM-01-0002)
Des Moines, IA 50391

Stephen L. Weber
2526 Proctor Lane
Baltimore, MD 21234

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#96000003102