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**Apr 22 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003106 (9)

1. Corporation Name
FARMLAND MUTUAL INSURANCE COMPANY



Principal Place of Business
**1963 BELL AVE
DES MOINES IA 50315**

Mailing Address
**1963 BELL AVE
DES MOINES IA 50315-1000**

3. Date Incorporated or Qualified
06/19/1996

3a. Date of Last Report

4. FEI Number
42-0618271

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when restating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DC STEWART, ROBERT LEONARD**

STREET ADDRESS **88740 FAIRVIEW RD**

CITY-ST-ZIP **JEWETT OH 43986**

TITLE DELETE

NAME **D MCFERSON, DIMON RICHARD**

STREET ADDRESS **1857 WINGATE DR**

CITY-ST-ZIP **DELAWARE OH 43015**

TITLE DELETE

NAME **D ENGEL, WILLARD JAMES**

STREET ADDRESS **301 E MAIN**

CITY-ST-ZIP **MARSHALL MN 56258**

TITLE DELETE

NAME **D HOLLINGSWORTH, DAVID KARL**

STREET ADDRESS **7120 TEMPERANCE POINT ST**

CITY-ST-ZIP **WESTERVILLE OH 43082**

TITLE DELETE

NAME **D HOLLOWAY, HENRY S**

STREET ADDRESS **1247 STAFFORD RD**

CITY-ST-ZIP **DARLINGTON MD 21034**

TITLE DELETE

NAME **D MILLER, DAVID OWEN**

STREET ADDRESS **115 SPRAGUE DR**

CITY-ST-ZIP **HEBRON OH 43025**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **P/D Pesek, Michael Raymond**

1.3 STREET ADDRESS **13755 Lakeview Drive**

1.4 CITY-ST-ZIP **Clive, Iowa 50325**

2.1 TITLE Change Addition

2.2 NAME **V/T Butler, Lynda Marie**

2.3 STREET ADDRESS **172 57th Court**

2.4 CITY-ST-ZIP **West Des Moines, Iowa 50265**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **515-245-4075**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)