

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME STEWART, ROBERT LEONARD
STREET ADDRESS 88740 FAIRVIEW RD
CITY-ST-ZIP JEWETT OH 43986 ☐ DELETE

TITLE D
NAME MCFERSON, DIMON RICHARD
STREET ADDRESS 1657 WINGATE DR
CITY-ST-ZIP DELAWARE OH 43015 ☐ DELETE

TITLE D
NAME ENGEL, WILLARD JAMES
STREET ADDRESS 301 E MAIN
CITY-ST-ZIP MARSHALL MN 56258 ☐ DELETE

TITLE D
NAME HOLLINGSWORTH, DAVID KARL
STREET ADDRESS 7120 TEMPERANCE POINT ST
CITY-ST-ZIP WESTERVILLE OH 43082 ☐ DELETE

TITLE D
NAME HOLLOWAY, HENRY S
STREET ADDRESS 1247 STAFFORD RD
CITY-ST-ZIP DARLINGTON MD 21034 ☒ DELETE

TITLE D
NAME MILLER, DAVID OWEN
STREET ADDRESS 115 SPRAGUE DR
CITY-ST-ZIP HEBRON OH 43025 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D Engel, Willard James
3.3 STREET ADDRESS 301 E. Marshall Street
3.4 CITY-ST-ZIP Marshall MN 56258

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 D Lewis J. Alphin
5.3 STREET ADDRESS 519 Bethel Church Road
5.4 CITY-ST-ZIP Mount Olive NC 28365-6107

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D Keith Eckel
6.3 STREET ADDRESS 1647 Falls Road
6.4 CITY-ST-ZIP Clarks Summit PA 18411

14. 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 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.

CP2E034 (10/97)