

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 42-0618271	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, ROBERT LEONARD	1.2 NAME	
STREET ADDRESS	88740 FAIRVIEW RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JEWETT OH 43986	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFERSON, DIMON RICHARD	2.2 NAME	
STREET ADDRESS	1657 WINGATE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAWARE OH 43015	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGEL, WILLARD JAMES	3.2 NAME	D Engel, Willard James
STREET ADDRESS	301 E MAIN	3.3 STREET ADDRESS	301 E. Marshall Street
CITY-ST-ZIP	MARSHALL MN 56258	3.4 CITY-ST-ZIP	Marshall MN 56258
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLINGSWORTH, DAVID KARL	4.2 NAME	
STREET ADDRESS	7120 TEMPERANCE POINT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTERVILLE OH 43082	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLOWAY, HENRY S	5.2 NAME	D Lewis J. Alphin
STREET ADDRESS	1247 STAFFORD RD	5.3 STREET ADDRESS	519 Bethel Church Road
CITY-ST-ZIP	DARLINGTON MD 21034	5.4 CITY-ST-ZIP	Mount Olive NC 28365-6107
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, DAVID OWEN	6.2 NAME	D Keith Eckel
STREET ADDRESS	115 SPRAGUE DR	6.3 STREET ADDRESS	1647 Falls Road
CITY-ST-ZIP	HEBRON OH 43025	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.

SIGNATURE _____ DATE **4/14/98** TELEPHONE **515-245-8800**

CP2E034 (10/97)