

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90064 009 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F96000003106

1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 42-0618271	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 CAPITOL
 TALLAHASSEE FL 32399-0300**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STEWART, ROBERT LEONARD 88740 FAIRVIEW RD JEWETT OH 43986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFERSON, DIMON RICHARD 1657 WINGATE DR DELAWARE OH 43015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGEL, WILLARD JAMES 301 E. MARSHALL ST MARSHALL MN 56258 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLINGSWORTH, DAVID KARL 7120 TEMPERANCE POINT ST WESTERVILLE OH 43082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS J ALPHIN 519 BETHEL CHURCH RD MT OLIVE NC 28365 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH ECKEL 1647 FALLS RD CLARKS SUMMIT PA 18411 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Wendell P. Crosser 4/25/00 515-245-8800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

#F9000003106
641927

Title: VP
Name: WILLIAM T. POLSTON
Street: 14290 HAWTHORN DRIVE
City-St-Zip: CLIVE, IA 50325

Title: VP
Name: KENNETH ALMER RIDGE
Street: 13311 HICKORY
City-St-Zip: CLIVE, IA 50325

Title: EXECUTIVE VP
Name: RICHARD DALE HEADLEY
Street: 6158 INVERURIE DRIVE E.
City-St-Zip: DUBLIN, OH 43017

Title: EXECUTIVE VP
Name: ROBERT ALAN OAKLEY
Street: 940 ROBBINS WAY
City-St-Zip: WORTHINGTON, OH 43085

#191000003/06
647922

Title: EXECUTIVE VP
Name: ROBERT JAY WOODWARD, JR.
Street: 431 CARDINAL HILL LANE
City-St-Zip: POWELL, OH 43065

Title: SENIOR VP
Name: JOHN ROSCOE COOK
Street: 2433 EDINGTON ROAD
City-St-Zip: COLUMBUS, OH 43221

Title: SENIOR VP
Name: PATRICIA RUTH HATLER
Street: 170 NORTH DREXEL AVENUE
City-St-Zip: BEXLEY, OH 43209

Title: SENIOR VP
Name: DONNA ANITA JAMES
Street: 369 JACKSON STREET
City-St-Zip: COLUMBUS, OH 43206

#F96000003107
647922

Title: SENIOR VP
Name: EDWIN PUGH McCAUSLAND, JR.
Street: 4604 GOODHEART COURT
City-St-Zip: NEW ALBANY, OH 43054

Title: VP/S
Name: DENNIS WILLIAM CLICK
Street: 890 MEADOWVIEW DRIVE
City-St-Zip: COLUMBUS, OH 43224

Title: VP
Name: MICHAEL ALAN FLACK
Street: 2721 SHERWOOD ROAD
City-St-Zip: COLUMBUS, OH 43209

Title: VP
Name: ALAN ANTHONY TODRYK
Street: 4857 PLEASANT VALLEY DRIVE
City-St-Zip: UPPER ARLINGTON, OH

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OFFICERS/BOARD OF DIRECTORS
FARMLAND MUTUAL INSURANCE COMPANY

Additional Officers/Directors:

Title: DIRECTOR
Name: GALEN ROSS BARNES
Street: 4800 OLDBRIDGE DRIVE
City-St-Zip: COLUMBUS, OH 43220

Title: DIRECTOR
Name: ARTHUR IRVING BELL
Street: 4121 N. RIVER ROAD, WEST
City-St-Zip: ZANESVILLE, OH 43701

Title: DIRECTOR
Name: FRED CHARLES FINNEY
Street: 1558 WEST MORELAND ROAD
City-St-Zip: WOOSTER, OH 44691

Title: DIRECTOR/PRESIDENT & COO
Name: MICHAEL RAYMOND PESEK
Street: 13755 LAKEVIEW DRIVE
City-St-Zip: CLIVE, IA 50325

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Title: DIRECTOR
Name: ALBERT JAMES SHIVLEY
Street: 763 SOUTH 7TH
City-St-Zip BRIGHTON CO 80601

Title: DIRECTOR
Name: NANCY CAROL THOMAS
Street: 1767D WESTWOOD AVENUE
City-St-Zip ALLIANCE OH 44601

Title: VP/T
Name: WENDELL PAUL CROSSER
Street: 8100 HEATHER BOW COURT
City-St-Zip: JOHNSTON, IA 50131

Title: SENIOR VP
Name: DUANE LEE MEYER
Street: 725 WESTBRANCH DRIVE
City-St-Zip: WAUKEE, IA 50263

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Title: ASSISTANT SECRETARY
Name: JOHN FRANCIS DELALOYE
Street: 1123 FOREST GLEN DRIVE
City-St-Zip: WESTERVILLE, OH 43081

Title: ASSISTANT SECRETARY
Name: GLENN WARREN SODEN
Street: 235 S. ARDMORE ROAD
City-St-Zip: BEXLEY, OH 43209

Title: ASSISTANT TREASURER
Name: DUANE MELVIN CAMPBELL
Street: 158 S. ROOSEVELT AVENUE
City-St-Zip: COLUMBUS, OH 43209