

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2001 8:00 am
Secretary of State

07-16-2001 90002 036 ***150.00

0138002 AB

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **42-0618271** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$550.00 After September 12, 2001 Fee will be \$750.00 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STEWART, ROBERT LEONARD 88740 FAIRVIEW RD JEWETT OH 43986 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFERSON, DIMON RICHARD 1657 WINGATE DR DELAWARE OH 43015 <input checked="" 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 checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Fred C. Finney 1558 West Moreland Road Wooster, OH 44691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Galen R. Barnes 4800 Oldbridge Drive Columbus, OH 43220 <input checked="" 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	DP Duane L. Meyer 725 Westbranch Dr. Waukee, IA 50263 <input checked="" 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 *Scott M. Schoenborn* Scott M. Schoenborn 07-06-01 515-245-8956
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

FARMLAND MUTUAL INSURANCE COMPANY

Directors & Officers (Continued)

attachment
F9600003100
A007415

D
A.I. "Irv" Bell
4121 North River Road West
Zanesville, OH 43701

DVT
Wendell P. Crosser
8100 Heather Bow Court
Johnston, IA 50131

D
Kenneth D. Davis
7229 Woodmansee Road
Leesburg, OH 45135

D
W. G. (Jerry) Jurgensen
215 North Parkview
Bexley, OH 43209

D
Albert J. Shivley
840 S 15th
Brighton, CO 80601

V
William T. Polston
14290 Hawthorn Drive
Clive, IA 50325

V
Kenneth A. Ridge
13311 Hickory Ave.
Clive, IA 50325

V
Scott M. Schoenborn
1250 Country Club Blvd.
Clive, IA 50325

V
Michael S. Helfer
173 South Parkview Ave.
Columbus, OH 43209

DH# F9600003106
A0077415

V
Donna A. James
369 Jackson St.
Columbus, OH 43206

V
Robert A. Oakley
940 Robbins Way
Worthington, OH 43085

V
Robert J. Woodward, Jr.
431 Cardinal Hill Lane
Powell, OH 43065

V
John R. Cook, Jr.
2433 Edington Road
Columbus, OH 43221

V
Patricia R. Hatler
170 North Drexel Ave.
Bexley, OH 43209

V
Edwin P. McCausland, Jr.
4604 Goodheart Court
New Albany, OH 43054

V
Mark D. Phelan
8314 Davington Drive
Dublin, OH 43017

V
Alan A. Todryk
4857 Pleasant Valley Drive
Upper Arlington, OH 43220

S
Glenn W. Soden
235 South Ardmore Road
Bexley, OH 43209



Farmland Insurance Nationwide® Agribusiness

Attachment
Off # 89600063104
A007415

July 6, 2001

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Farmland Mutual Insurance Company
2001 Uniform Business Report (UBR)

Gentlemen:

By telephone today, I informed your office that on July 3 we received the 60-day notice that our report was due and that this was the first notice we had received. In view of our not receiving the report earlier, I was told to send only the original fee of \$150.00. Therefore, enclosed is the completed UBR along with our \$150.00 check.

If you have any questions, please feel free to contact me at 515-245-8953 or by e-mail at sgoslin@farmlandins.com.

Sincerely,

FARMLAND MUTUAL INSURANCE COMPANY

Shirley Goslin, CPCU, AIS
Regulatory Technical Consultant

1963 Bell Avenue
Des Moines, Iowa 50315