

# 2006 FOR PROFIT CORPORATION REINSTATEMENT



**DOCUMENT # F96000003106**  
 1. Entity Name  
**FARMLAND MUTUAL INSURANCE COMPANY**

FILED  
 06 NOV 15 PM 1:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



11062006 REINSTATEMENT CR2E098 (11/05) 06

Principal Place of Business 1100 LOCUST ST DEPT. 2007 DES MOINES, IA 50391 US	Mailing Address 1100 LOCUST ST DEPT. 2007 DES MOINES, IA 50391 US
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2. Principal Place of Business	3. Mailing Address <i>3900 Southpark Place</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Suite F DSPF-76</i>
City & State	City & State <i>Grove City, OH</i>
Zip	Zip <i>43123-4857</i>
Country	Country

4. FEI Number 42-0618271	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000

**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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DC FINNEY, FRED C	<input type="checkbox"/> Delete
STREET ADDRESS	1558 WEST MOORELAND ROAD	
CITY-ST-ZIP	WOOSTER, OH 44691	
TITLE	D RASMUSSEN, STEPHEN	<input type="checkbox"/> Delete
STREET ADDRESS	ONE NATIONAL PLAZA	
CITY-ST-ZIP	COLUMBUS, OH 43215	
TITLE	D ENGEL, WILLARD JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	301 E. MARSHALL ST	
CITY-ST-ZIP	MARSHALL, MN 56258	
TITLE	D DAVIS, KENNETH	<input type="checkbox"/> Delete
STREET ADDRESS	ONE NATIONAL PLAZA	
CITY-ST-ZIP	COLUMBUS, OH 43215	
TITLE	D LEWIS J ALPHIN	<input type="checkbox"/> Delete
STREET ADDRESS	519 BETHEL CHURCH RD	
CITY-ST-ZIP	MT OLIVE, NC 28365	
TITLE	PCO HARMAN, BRETT	<input type="checkbox"/> Delete
STREET ADDRESS	1100 LOCUST STREET	
CITY-ST-ZIP	DES MOINES, IA 50391	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	500081822685	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11/15/06--01049--009 **750.00	
CITY-ST-ZIP		
TITLE	<i>11/16</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Wendell P. Crosser* *11/6/06* *515-228-6700*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #