## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000003106

Entity Name: FARMLAND MUTUAL INSURANCE COMPANY

FILED Apr 13, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1100 LOCUST STREET DES MOINES, IA 50391

Current Mailing Address: New Mailing Address:

1100 LOCUST STREET DES MOINES, IA 50391

FEI Number: 42-0618271 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US

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.

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SIGNATURE: Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: DOUGLAS, GARY A PD Address: ONE NATIONWIDE PLAZA City-St-Zip: COLUMBUS, OH 43215 US

Title: VPS

Name: HORNER, III, ROBERT W VPS
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

Title: VPT

Name: CROSSER, WENDELL P VPT Address: ONE NATIONWIDE PLAZA City-St-Zip: COLUMBUS, OH 43215 US

Title: SVP

Name: BIESECKER, PAMELA A SVP Address: ONE NATIONWIDE PLAZA City-St-Zip: COLUMBUS, OH 43215 US

Title: DIR

Name: AUSTEN, W. KIM DIR
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURA LOUIS POA 04/13/2012