

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003102

Entity Name: NATIONWIDE AGRIBUSINESS INSURANCE COMPANY**Current Principal Place of Business:**1100 LOCUST STREET
DES MOINES, IA 50391**Current Mailing Address:**1100 LOCUST STREET
DES MOINES, IA 50391 US**FEI Number:** 42-1015537**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT
Name LIGGETT, BRAD R.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title TREASURER
Name MCCAFFREY, JOHN PAUL
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title DIRECTOR
Name BERVEN, MARK A.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title SECRETARY
Name SKINGLE, DENISE L.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title DIRECTOR
Name DOUGLAS, GARY A.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title DIRECTOR
Name RICZKO, ELIZABETH M.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title DIRECTOR
Name SMITH, ERIC E.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

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: DENISE L. SKINGLE**SECRETARY****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date