

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003106

Entity Name: FARMLAND MUTUAL 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: 42-0618271

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

Title VICE PRESIDENT, TREASURER
Name LEVINE, KENNETH A.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title VICE PRESIDENT
Name HORNER, ROBERT W. III
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

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

Title DIRECTOR
Name HIRSCH, STEPHEN F.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title DIRECTOR
Name PROTEUS, BRENT R.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

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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: ROBERT W. HORNER, III

SECRETARY

07/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RASMUSSEN, STEPHEN S.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title DIRECTOR
Name TOELLE, MICHAEL J.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title DIRECTOR
Name WEILNAU, SPARKY R.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391