

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000003106

**Entity Name:** FARMLAND MUTUAL INSURANCE COMPANY**Current Principal Place of Business:**1100 LOCUST STREET  
DES MOINES, IA 50391-1100**Current Mailing Address:**1100 LOCUST STREET  
DES MOINES, IA 50391-1100 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            PRESIDENT, COO, DIRECTOR  
Name           WILLIAMS, TERRANCE  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            VP, TREASURER  
Name           CROSSER, WENDELL P.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            VP, SECRETARY  
Name           HORNER, ROBERT W. III  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            EXECUTIVE VICE PRESIDENT, CFO  
Name           THRESHER, MARK R.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            SENIOR VICE PRESIDENT  
Name           BIESECKER, PAMELA A.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            SENIOR VICE PRESIDENT  
Name           HALLOWELL, HARRY H.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name           ALPHIN, LEWIS J.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name           AUSTEN, W. KIM  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

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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 H. HORNER, III**SECRETARY****06/17/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BELL, A. I.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name KELLEY, DANIEL T.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name PORTEUS, BRENT R.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name ZELLERS, JEFFREY W.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name DOUGLAS, GARY A.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name LEX, MICHAEL A.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name RASMUSSEN, STEPHEN S.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name WEILNAU, SPARKY R.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215