

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90243 017 ***150.00

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1. Entity Name
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY



Principal Place of Business
**1100 LOCUST ST DEPT 2007
DES MOINES, IA 50391**

Mailing Address
**1100 LOCUST ST DEPT 2007
DES MOINES, IA 50391**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262005

Chg-P

CR2E034 (10/03)

4. FEI Number
42-1015537

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	BARNES, GALEN R	
STREET ADDRESS	4800 OLDBRIDGE DRIVE	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE	VT	<input type="checkbox"/> Delete
NAME	JORGENSEN, MARK A	
STREET ADDRESS	4063 BELL AVE.	
CITY-ST-ZIP	DES MOINES, IA 50315	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MEYER, DUANE L	
STREET ADDRESS	725 WESTBRANCH DRIVE	
CITY-ST-ZIP	WAUKEE, IA 50260	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDER, BRUCE M	
STREET ADDRESS	4013 NE 38TH TERRACE	
CITY-ST-ZIP	KANSAS CITY, MO 64119	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLISON, EDWARD ORMBECK	
STREET ADDRESS	401 HAMBURG AVENUE, BOX 8	
CITY-ST-ZIP	HERMAN, MN 56248	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLINGSWORTH, DAVID KARL	
STREET ADDRESS	7120 TEMPERANCE POINT ST	
CITY-ST-ZIP	WESTERVILLE, OH 43082	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP + ASST TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wendell P Crosser	
STREET ADDRESS	1100 LOCUST ST	
CITY-ST-ZIP	DSM IA 50391	
TITLE	PCO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brett Harman	
STREET ADDRESS	1100 LOCUST ST	
CITY-ST-ZIP	DSM IA 50391	
TITLE	VP + ASST SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Parsons	
STREET ADDRESS	1100 LOCUST ST	
CITY-ST-ZIP	DSM IA 50391	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirt A Walker	
STREET ADDRESS	1100 LOCUST ST	
CITY-ST-ZIP	DSM IA 50391	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven Burnett	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John C Fisher	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS OH 43215	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendell P Crosser 4/28/05 55508-3420
Date Daytime Phone #