


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F96000003102		
1. Entity Name NATIONWIDE AGRIBUSINESS INSURANCE COMPANY		

FILED
06 NOV 15 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 3400 Southpark Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite F DsPF-76	
City & State		City & State Grove City, OH	
Zip	Country	Zip	Country
		43123-4857	

11062006 REIN-P CR2E098 (11/05) 06

4. FEI Number 42-1015537		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VAT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CROSSER, WENDELL P		NAME	000081822890			
STREET ADDRESS	1100 LOCUST ST		STREET ADDRESS	11/15/06--01049--010 **750.00			
CITY-ST-ZIP	DES MOINES, IA 50391		CITY-ST-ZIP				
TITLE	PCO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BRETT, HARMAN		NAME				
STREET ADDRESS	1100 LOCUST ST		STREET ADDRESS				
CITY-ST-ZIP	DES MOINES, IA 50391		CITY-ST-ZIP				
TITLE	VAS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	PARSONS, ROBERT		NAME	D Wesley Kim Anstren			
STREET ADDRESS	1100 LOCUST ST		STREET ADDRESS	1100 Locust St.			
CITY-ST-ZIP	DES MOINES, IA 50391		CITY-ST-ZIP	Des Moines, IA 50391			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WALKER, KIRT A		NAME				
STREET ADDRESS	1100 LOCUST ST		STREET ADDRESS				
CITY-ST-ZIP	DES MOINES, IA 50391		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	ELLISON, EDWARD ORMBECK		NAME	D Stephen Scott Rasmussen			
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS	1100 Locust St.			
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP	Des Moines, IA 50391			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FISHER, JOHN C		NAME				
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS				
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 11/6/06 515-228-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #