

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003102

FILED
Apr 15, 2008
Secretary of State

Entity Name: NATIONWIDE AGRIBUSINESS INSURANCE COMPANY

Current Principal Place of Business:

1100 LOCUST ST
DES MOINES, IA 503913000

New Principal Place of Business:

Current Mailing Address:

1100 LOCUST ST
DEPT 0301
DES MOINES, IA 503910301

New Mailing Address:

FEI Number: 42-1015537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: CROSSER, WENDELL P
Address: 1100 LOCUST ST
City-St-Zip: DES MOINES, IA 503911100

Title: PD () Delete
Name: HARMAN, BRETT E
Address: 1100 LOCUST ST
City-St-Zip: DES MOINES, IA 503913000

Title: D () Delete
Name: AUSTEN, WESLEY K
Address: 1100 LOCUST ST
City-St-Zip: DES MOINES, IA 503911100

Title: VAS () Delete
Name: DANKOVIC, RAE ANN
Address: 1100 LOCUST ST
City-St-Zip: DES MOINES, IA 503910301

Title: DC () Delete
Name: MCCLURE, TERRY W
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: AVPS () Delete
Name: SODEN, GLENN W
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: DOUGLAS, GARY A
Address: 1100 LOCUST ST
City-St-Zip: DES MOINES, IA 503913000

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HORNER, ROBERT W III
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAE ANN DANKOVIC

V

04/15/2008

Electronic Signature of Signing Officer or Director

_____ Date