

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90243 018 ***150.00

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1. Entity Name
FARMLAND MUTUAL INSURANCE COMPANY



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

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



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04262005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
42-0618271

Applied For
Not Applicable

Zip Country

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 reinstalling)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
NAME **FINNEY, FRED C**
STREET ADDRESS **1558 WEST MOORELAND ROAD**
CITY-ST-ZIP **WOOSTER, OH 44691**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BARNES, GALEN R**
STREET ADDRESS **ONE NATIONWIDE PLAZA (1-37-05)**
CITY-ST-ZIP **COLUMBUS, OH 43216**

TITLE **Director** ☒ Change ☐ Addition
NAME **Stephen Rasmussen**
STREET ADDRESS **One Nationwide Plaza**
CITY-ST-ZIP **Columbus OH 43215**

TITLE **D** ☐ Delete
NAME **ENGEL, WILLARD JAMES**
STREET ADDRESS **301 E. MARSHALL ST**
CITY-ST-ZIP **MARSHALL, MN 56258**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOLLINGSWORTH, DAVID KAREL**
STREET ADDRESS **ONE NATIONWIDE PLAZA (1-36-46)**
CITY-ST-ZIP **COLUMBUS, OH 43216**

TITLE **Director** ☒ Change ☐ Addition
NAME **Kenneth Davis**
STREET ADDRESS **One Nationwide Plaza**
CITY-ST-ZIP **Columbus OH 43215**

TITLE **D** ☐ Delete
NAME **LEWIS J ALPHIN**
STREET ADDRESS **519 BETHEL CHURCH RD**
CITY-ST-ZIP **MT OLIVE, NC 28365**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PCO** ☐ Delete
NAME **MEYER, DUANE L**
STREET ADDRESS **1063 BELL AVENUE**
CITY-ST-ZIP **DES MOINES, IA 50316**

TITLE **PCO** ☒ Change ☐ Addition
NAME **Brett Harman**
STREET ADDRESS **1100 Locust St**
CITY-ST-ZIP **Desm IA 50311**

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:

[Signature]

Wendell P. Crosser

4/28/05 515-508-3420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #