

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18323

FILED
Apr 14, 2010
Secretary of State

Entity Name: FARMERS NATIONAL COMPANY

Current Principal Place of Business:

11516 NICHOLAS ST.
100
OMAHA, NE 68154

New Principal Place of Business:

Current Mailing Address:

11516 NICHOLAS ST.
100
OMAHA, NE 68154

New Mailing Address:

FEI Number: 47-0157270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: FARRELL, JAMES C
Address: 11516 NICHOLAS ST. STE 100
City-St-Zip: OMAHA, NE 68154

Title: VP
Name: SMITH, DAVID
Address: 11516 NICHOLAS ST. STE 100
City-St-Zip: OMAHA, NE 68154

Title: EVPD
Name: WARNER, JERRY A
Address: 11516 NICHOLAS ST STE 100
City-St-Zip: OMAHA, NE 68154

Title: TSVD
Name: KNUTSON, DAVID L
Address: 11516 NICHOLAS STREET STE 100
City-St-Zip: OMAHA, NE 68154

Title: VPAT
Name: PICCOLO, TERESA R
Address: 11516 NICHOLAS STREET STE 100
City-St-Zip: OMAHA, NE 68154

Title: S
Name: DESELM, JOAN
Address: 11510 NICHOLAS STREET STE 100
City-St-Zip: OMAHA, NE 68154

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: TERESA R PICCOLO

VPAT

04/14/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date