

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214530084

1.) CORPORATION NAME:

American Farm Bureau Insurance Services, Inc.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:
**VIRGINIA FARM BUREAU MUTUAL INSURANCE COMPANY
12580 WEST CREEK PKWY
RICHMOND, VA**

SCC ID NO: **F1743436**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:
IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1501 E. WOODFIELD RD
STE 300W

CITY/ST/ZIP: SCHAUMBURG, IL 60173

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BOB STALLMAN	
TITLE:	PRESIDENT	
ADDRESS:	600 MARYLAND AVE STE 1000W	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20024	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JANET KATZ	
TITLE:	EXECUTIVE VP	
ADDRESS:	1501 E. WOODFIELD ROAD STE 300W	
CITY/ST/ZIP/CO:	SCHAUMBURG, IL 60173	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DON VILLWOCK	
TITLE:	VICE PRESIDENT	
ADDRESS:	225 SOUTH EAST ST	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46206-1250	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TIM GREEN	
TITLE:	VP/GM	
ADDRESS:	1501 E. WOODFIELD ROAD SUITE 300W	
CITY/ST/ZIP/CO:	SCHAUMBURG, IL 60173	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	THOMAS PAVELKO	
TITLE:	CORP. SECRETARY	
ADDRESS:	1501 E. WOODFIELD ROAD SUITE 300W	
CITY/ST/ZIP/CO:	SCHAUMBURG, IL 60173	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JULIE ANNA POTTS	
TITLE:	VICE PRESIDENT	
ADDRESS:	1501 E. WOODFIELD ROAD SUITE 300W	
CITY/ST/ZIP/CO:	SCHAUMBURG, IL 60173	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AUGUST TRIPI, JR. TREASURER 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN STEEN SECRETARY 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY SMITH ASST SECRETARY 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLEN YEATTS ASST SECRETARY 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY BUSHUE DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH DIERSCHKE DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONNIE ANDERSON DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DON SHAWCROFT DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD GUEBERT, JR. DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY VEACH DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK PRIESTLEY DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WAYNE WOOD DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK HANEY DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BLAKE HURST DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PERRY LIVINGSTON DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOYLE JOHANNES DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY WOOTEN DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM BUCHANAN DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A. HOLTE DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LACY UPCHURCH DIRECTOR 1501 E. WOODFIELD ROAD SUITE 300W SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: WAYNE F. PRYOR OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 1501 E. WOODFIELD ROAD
SUITE 300W
CITY/ST/ZIP/CO: SCHAUMBURG, IL 60173

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ THOMAS PAVELKO</u>	<u>THOMAS PAVELKO, CORP.</u>	<u>6/11/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.