



OKLAHOMA REGIONAL HOME OFFICE (ORHO) APPLICATION FOR QUALIFICATIONS

Application is herewith submitted, by and through the undersigned officers, to the Commissioner of Insurance for the State of Oklahoma, in accordance with 36 O. S. § 625.1 for qualification as and Oklahoma Regional Home Office, hereinafter referred to as (ORHO). In substantiation thereof, the following information is furnished:

Name of Company: Farmers Insurance Company, Inc.

Home Office: 17000 W. 119th St
Olathe, KS 66061

Regional Home Office Address: 201 N.W. 23rd Street, Suite 4A
Oklahoma City, OK 73107

Representative of ORHO: Ron Hammond

Title: Assistant Vice President Local Telephone Number: (405) 782 5005

1. List of states serviced by ORHO: _____
Arkansas, Iowa, Kansas, Missouri, Oklahoma

2. Lines of insurance coverage serviced by ORHO: _____
Property & Casualty

3. The following functions are being performed by ORHO to the extent set forth below (DO NOT ANSWER "YES" OR "NO", but fully describe the degree of actual performance by the ORHO in contrast to, or in comparison with, that of the home office. If more room is needed for any reply, please continue on a separate sheet of paper). Explain fully any lines of business not completely serviced by the ORHO:

Policy Billing: % ORHO
100% Home Office

Policy Claims: 100% ORHO - Receipt and Resoultion of policyholder claims.
0% Home Office

Policy Administration: 0% ORHO
100% Home Office

Approval or rejection of applications (underwriting): % ORHO
100% Home Office

Issuance of policies: 0% ORHO
100% Home Office

Information and service: 100% ORHO - Imaging of Claims documents.
0% Home Office

Other policy related functions: 100% ORHO - Subrogation and Salvage processing
0% Home Office

Other: _____

- 4. Specify whether the ORHO building is owned or leased: Leased
- 5. Name(s) in which fee simple title rests if building is owned: N/A
- 6. Percentage of space and square footage of space occupied by company or companies in relation to total amount of space in building: 100,000 Square Feet
- 7. Date on which building was first substantially occupied by company or companies: January 2001

APPLICATION OF CREDIT

- 1. Name of companies in group: _____
- 2. Total number of full-time, year round employees employed by ORHO _____
- 3. Applicable percentage of credit (circle one):
15% 25% 35% 50%
- 4. Total number of employees employed by each company or companies:
501
- 5. Ratio of total employees employed by company to total employees employed by group: 100%

State of California

County of Los Angeles

Ronald G. Myhan and Anthony J. Morris
of the Farmers Insurance Company, Inc. being duly sworn, each for himself/herself deposes and says that they are the above described officers of the said insurer, and that, as of the 16th day of FEBRUARY, 2011, all of the above answers are a full and true statement of all functions of the Oklahoma Regional Home Office.

Ronald G. Myhan
Ronald G. Myhan, Vice President & Treasurer
Anthony J. Morris
Anthony J. Morris, Assistant Treasurer

(Corporate Seal)

Subscribed and sworn to before me this 16th day of February, 2011.

Guadalupe I. Delgado
Signature

My commission expires on the 8 day of November, 2011.

