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93 FEB 23 PM 4: 11

REGISTRATION  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P07733 (9)**

**FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA**

Principal Place of Business: **2323 GRAND AVENUE DES MOINES IA 50312**  
Mailing Address: **2323 GRAND AVENUE DES MOINES IA 50312**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/14/1985**  
3a. Date of Last Report: **03/01/1994**  
4. FEI Number: **42-0245840**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
State, Apt. #, etc.: **22**  
City & State: **27**  
City & State: **28**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**THE FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
FILE	<b>D</b>
NAME	<b>RUTLEDGE, RONALD P</b>
STREET ADDRESS	<b>245 CORENE AVE</b>
CITY - ST - ZIP	<b>WAUKEE IA</b>
FILE	<b>V</b>
NAME	<b>KUETHE, RONALD J.</b>
STREET ADDRESS	<b>8220 SUTTON DR</b>
CITY - ST - ZIP	<b>URBANDALE IA</b>
FILE	<b>P</b>
NAME	<b>RUTLEDGE, WILLIAM</b>
STREET ADDRESS	<b>1602 EVANS</b>
CITY - ST - ZIP	<b>DES MOINES IA</b>
FILE	<b>T</b>
NAME	<b>FELTON, KENNETH W</b>
STREET ADDRESS	<b>1171 COLUMBINE CT</b>
CITY - ST - ZIP	<b>NORWALK IA</b>
FILE	<b>D</b>
NAME	<b>RUTLEDGE, SCOTT</b>
STREET ADDRESS	<b>2409 WALNUT W.</b>
CITY - ST - ZIP	<b>DES MOINES IA</b>
FILE	<b>S</b>
NAME	<b>RUTLEDGE, MICHAEL</b>
STREET ADDRESS	<b>3505 SW 27TH ST.</b>
CITY - ST - ZIP	<b>DES MOINES IA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. This I am an officer or director of the corporation of the taxpayer or taxpayer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this filing, or on an attached sheet with an address.

SIGNATURE: *Ronald P. Rutledge* **Ronald P. Rutledge** 2/17/95 (515) 282-9104  
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR