


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P07733

1. Entity Name
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
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 42-0245840	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00


9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000075695
03/03/04-80070-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTLEDGE, RONALD P 240 LINDEN DRIVE WAUKEE, IA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUTLEDGE, STEVEN 3421 BRIAR RIDGE WEST DES MOINES, IA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTLEDGE, WILLIAM 3915 S.W. 28TH PLACE DES MOINES, IA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FELTON, KENNETH W 1171 COLUMBINE CT NORWALK, IA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTLEDGE, SCOTT 1501 BUFFALO RD WEST DES MOINES, IA 50265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUTLEDGE, MICHAEL 3505 SW 27TH ST. DES MOINES, IA

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IN THIS SPACE**

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:  **Kenneth W. Felton, Treas.** 2/23/04 (515) 282-9104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #