

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90183 038 ***150.00

DOCUMENT # P07733

1. Entity Name
Farmers Mutual Hail Insurance Company of Iowa

40023563

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2323 Grand Avenue Suite, Apt. #, etc.	3. Mailing Address 2323 Grand Avenue Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Des Moines, IA	City & State Des Moines, IA	4. FEI Number 42-0245840	Applied For <input type="checkbox"/> Not Applicable
Zip 50312	Country USA	Zip 50312	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Chief Financial Officer

Street Address (P.O. Box Number is Not Acceptable)
PO Box 6200 (32314-6200)

200 E Gaines St

City
Tallahassee

FL Zip Code
32399

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.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1: Fees \$150.00 After May 1; Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rutledge, Ronald P 240 Linden Dr Waukee, IA 50263	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rutledge, Steven C 3421 Briar Ridge West Des Moines, IA 50265	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rutledge, William A 3915 SW 28th Pl Des Moines, IA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Roggenburg, Darin L 709 NW Boulder Brook Dr Ankeny, IA 50021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rutledge, Michael W 3505 SW 27th St Des Moines, IA 50321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Darin Roggenburg 2/2/05 515-282-9104

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