

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07733

FILED
Feb 15, 2007
Secretary of State

Entity Name: FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA

Current Principal Place of Business:

6785 WESTOWN PKWY
WEST DES MOINES, IA 50266

New Principal Place of Business:

Current Mailing Address:

6785 WESTOWN PKWY
WEST DES MOINES, IA 50266

New Mailing Address:

FEI Number: 42-0245840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUTLEDGE, RONALD P
Address: 240 LINDEN DRIVE
City-St-Zip: WAUKEE, IA

Title: P () Delete
Name: RUTLEDGE, STEVEN
Address: 3421 BRIAR RIDGE
City-St-Zip: WEST DES MOINES, IA

Title: D () Delete
Name: RUTLEDGE, SHANNON
Address: 1601 5TH AVE SW
City-St-Zip: ALTOONA, IA 50009

Title: T () Delete
Name: ROGGENBURG, DARIN L
Address: 709 NW BOULDER BROOK DR
City-St-Zip: ANKENY, IA 50021

Title: D () Delete
Name: RUTLEDGE, SCOTT,
Address: 1501 BUFFALO RD
City-St-Zip: WEST DES MOINES, IA 50265

Title: S () Delete
Name: RUTLEDGE, MICHAEL,
Address: 3505 SW 27TH ST.
City-St-Zip: DES MOINES, IA 50321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RUTLEDGE, RONALD P
Address: 240 LINDEN DRIVE
City-St-Zip: WAUKEE, IA 50263

Title: P (X) Change () Addition
Name: RUTLEDGE, STEVEN C
Address: 3421 BRIAR RIDGE
City-St-Zip: WEST DES MOINES, IA 50265

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: ROGGENBURG, DARIN L
Address: 709 NW BOULDER BROOK DR
City-St-Zip: ANKENY, IA 50021

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARIN L ROGGENBURG

CFO

02/15/2007

Electronic Signature of Signing Officer or Director

_____ Date