

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07733

FILED  
Feb 23, 2009  
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 50263

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

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

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

Title: D ( ) Delete  
Name: MEEK, GREGORY,  
Address: 9403 OAKWOOD DR  
City-St-Zip: URBANDALE, IA 50322

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: RUTLEDGE, SHANNON  
Address: 2273 NE 88TH ST  
City-St-Zip: ALTOONA, IA 50009

Title: CFO (X) Change ( ) Addition  
Name: ROGGENBURG, DARIN L  
Address: 2035 NW 134TH ST  
City-St-Zip: CLIVE, IA 50325

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 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

02/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date