

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07733

FILED
Jan 06, 2012
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

OFFICERS AND DIRECTORS:

Title: P
Name: RUTLEDGE, RONALD P
Address: 15802 BROOKVIEW DR
City-St-Zip: URBANDALE, IA 50323

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

Title: S
Name: RUTLEDGE, SHANNON D
Address: 726 STONEGATE CT SW
City-St-Zip: ALTOONA, IA 50009

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

Title: D
Name: RAIFE, BARBARA R
Address: 3627 COTTAGE GROVE
City-St-Zip: DES MOINES, IA 50311

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

I hereby 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 all other like empowered.

SIGNATURE: DARIN L ROGGENBURG

CFO

01/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date