

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P07733 (9)**

1. Corporation 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**

3. Date Incorporated or Qualified: **10/14/1985**
3a. Date of Last Report: **02/28/1995**
4. FEI Number: **42-0245840**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt., etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt., etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607 (f)(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	RUTLEDGE, RONALD P	12. NAME	
3. STREET ADDRESS	245 CORENE AVE	13. STREET ADDRESS	
4. CITY, ST., ZIP	WAUKEE IA	14. CITY, ST., ZIP	
5. TITLE	V <input checked="" type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	KUETHE, RONALD J.	22. NAME	
7. STREET ADDRESS	8220 SUTTON DR	23. STREET ADDRESS	Steven Rutledge
8. CITY, ST., ZIP	URBANDALE IA	24. CITY, ST., ZIP	2323 Grand Avenue
9. TITLE	P <input type="checkbox"/> DELETE	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	RUTLEDGE, WILLIAM	32. NAME	
11. STREET ADDRESS	1602 EVANS	33. STREET ADDRESS	3915 S.W. 28th Place
12. CITY, ST., ZIP	DES MOINES IA	34. CITY, ST., ZIP	Des Moines IA 50321
13. TITLE	T <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	FELTON, KENNETH W	42. NAME	
15. STREET ADDRESS	1171 COLUMBINE CT	43. STREET ADDRESS	
16. CITY, ST., ZIP	NORWALK IA	44. CITY, ST., ZIP	
17. TITLE	D <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	RUTLEDGE, SCOTT	52. NAME	
19. STREET ADDRESS	2409 WALNUT W.	53. STREET ADDRESS	
20. CITY, ST., ZIP	DES MOINES IA	54. CITY, ST., ZIP	
21. TITLE	S <input type="checkbox"/> DELETE	6. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	RUTLEDGE, MICHAEL	62. NAME	
23. STREET ADDRESS	3505 SW 27TH ST.	63. STREET ADDRESS	
24. CITY, ST., ZIP	DES MOINES IA	64. CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald P. Rutledge* **Ronald P. Rutledge** 2/20/96 (515) 282-9104

CR2E034 (12/95)