

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07733

**FILED**  
**Jan 24, 2015**  
**Secretary of State**  
**CC8710161912**

**Entity Name:** FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA

**Current Principal Place of Business:**

6785 WESTOWN PKWY  
WEST DES MOINES, IA 50266

**Current Mailing Address:**

6785 WESTOWN PKWY  
WEST DES MOINES, IA 50266

**FEI Number: 42-0245840**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title	P	Title	S
Name	RUTLEDGE, RONALD P	Name	RUTLEDGE, SHANNON D
Address	15802 BROOKVIEW DR	Address	726 STONEGATE CT SW
City-State-Zip:	URBANDALE IA 50323	City-State-Zip:	ALTOONA IA 50009
Title	CFO	Title	D
Name	ROGGENBURG, DARIN L	Name	RAIFE, BARBARA R
Address	2035 NW 134TH ST	Address	3627 COTTAGE GROVE
City-State-Zip:	CLIVE IA 50325	City-State-Zip:	DES MOINES IA 50311

*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 & TREASURER**

**01/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date