6785 WESTOW	ncipal Place of Business: /N PKWY DINES, IA 50266		CC1362107391
Current Mai	ling Address:		
	OWN PKWY 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			
TALLAHASSEE		tered office or regis	tered agent, or both, in the State of Florida.
TALLAHASSEE	E, FL 32399-0000 US d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida.
TALLAHASSEE	E, FL 32399-0000 US d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida. Date
TALLAHASSEE The above name SIGNATURE	E, FL 32399-0000 US d entity submits this statement for the purpose of changing its regis	tered office or regis	• • •
TALLAHASSEE The above name SIGNATURE	E, FL 32399-0000 US d entity submits this statement for the purpose of changing its regis E: Electronic Signature of Registered Agent	tered office or regis	• • •
TALLAHASSEE The above name SIGNATURE Officer/Dire	E, FL 32399-0000 US d entity submits this statement for the purpose of changing its regis E: Electronic Signature of Registered Agent Ctor Detail :		Date
TALLAHASSEE The above name SIGNATURE Officer/Dire Title	E, FL 32399-0000 US d entity submits this statement for the purpose of changing its regis E: Electronic Signature of Registered Agent Ctor Detail : P	Title	Date
TALLAHASSEE The above name SIGNATURE Officer/Dire Title Name	E, FL 32399-0000 US d entity submits this statement for the purpose of changing its regis E: Electronic Signature of Registered Agent <b>ctor Detail :</b> P RUTLEDGE, RONALD P	Title Name	Date S RUTLEDGE, SHANNON D 726 STONEGATE CT SW
TALLAHASSEE The above name SIGNATURE Officer/Dire Title Name Address	E, FL 32399-0000 US d entity submits this statement for the purpose of changing its regis E: Electronic Signature of Registered Agent Ctor Detail : P RUTLEDGE, RONALD P 15802 BROOKVIEW DR	Title Name Address	Date S RUTLEDGE, SHANNON D 726 STONEGATE CT SW

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Entity Name: FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA

DOCUMENT# P07733

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.

Address

City-State-Zip:

SIGNATURE: DARIN L ROGGENBURG

2035 NW 134TH ST

CLIVE IA 50325

Address

City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

**CFO & TREASURER** 

6785 WESTOWN PKWY

WEST DES MOINES IA 50266

01/31/2016

Date

## FILED Jan 31, 2016 **Secretary of State** CC1382107391