

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07733

**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           DIRECTOR  
Name           RUTLEDGE, RONALD P  
Address        15802 BROOKVIEW DR  
City-State-Zip: URBANDALE IA 50323

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

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

Title           D  
Name           KUETHE, RONALD J  
Address        6785 WESTOWN PKWY  
City-State-Zip: WEST DES MOINES IA 50266

Title           SECRETARY  
Name           LADEHOFF, DEBORAH  
Address        6785 WESTOWN PKWY  
City-State-Zip: WEST DES MOINES IA 50266

*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:** SHANNON RUTLEDGE

**PRESIDENT**

**01/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date