

2024 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 SWAIN, CURTIS BRADFORD
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: CURTIS SWAIN

SVP, GENERAL COUNSEL 04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date