

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P07733 (9)**  
 1. Corporation Name  
**FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA**

Principal Place of Business <b>2323 GRAND AVENUE                  DES MOINES IA 50312</b>	Mailing Address <b>2323 GRAND AVENUE                  DES MOINES IA 50312</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>10/14/1985</b>		4. FEI Number <b>42-0245840</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required		\$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE FLORIDA INSURANCE COMMISSIONER                  THE CAPITOL                  TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUTLEDGE, RONALD P</b>	1.2 NAME	
STREET ADDRESS	<b>245 CORENE AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAUKEE IA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUTLEDGE, STEVEN</b>	2.2 NAME	
STREET ADDRESS	<b>2323 GRAND AVENUE</b>	2.3 STREET ADDRESS	<b>3421 Briar Ridge</b>
CITY-ST-ZIP	<b>WEST DES MOINES IA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUTLEDGE, WILLIAM</b>	3.2 NAME	
STREET ADDRESS	<b>3915 S.W. 28TH PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DES MOINES IA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELTON, KENNETH W</b>	4.2 NAME	
STREET ADDRESS	<b>1171 COLUMBINE CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORWALK IA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUTLEDGE, SCOTT</b>	5.2 NAME	
STREET ADDRESS	<b>2409 WALNUT W.</b>	5.3 STREET ADDRESS	<b>1501 Buffalo Road</b>
CITY-ST-ZIP	<b>DES MOINES IA</b>	5.4 CITY-ST-ZIP	<b>West Des Moines IA 50265</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUTLEDGE, MICHAEL</b>	6.2 NAME	
STREET ADDRESS	<b>3505 SW 27TH ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DES MOINES IA</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ (515) 282-9104

CR2E034 (10/97)