

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90009 021 ***150.00

DOCUMENT # P07733

1. Entity Name

FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA

Principal Place of Business

Mailing Address

2323 GRAND AVENUE
 DES MOINES IA 50312

2323 GRAND AVENUE
 DES MOINES IA 50312-5307

628230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-0245840

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RUTLEDGE, RONALD P	
STREET ADDRESS	240 LINDEN DRIVE	
CITY-ST-ZIP	WAUKEE IA	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUTLEDGE, STEVEN	
STREET ADDRESS	3421 BRIAR RIDGE	
CITY-ST-ZIP	WEST DES MOINES IA	
TITLE	P	<input type="checkbox"/> Delete
NAME	RUTLEDGE, WILLIAM	
STREET ADDRESS	3915 S.W. 28TH PLACE	
CITY-ST-ZIP	DES MOINES IA	
TITLE	T	<input type="checkbox"/> Delete
NAME	FELTON, KENNETH W	
STREET ADDRESS	1171 COLUMBINE CT	
CITY-ST-ZIP	NORWALK IA	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUTLEDGE, SCOTT	
STREET ADDRESS	1501 BUFFALO RD	
CITY-ST-ZIP	WEST DES MOINES IA 50265	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUTLEDGE, MICHAEL	
STREET ADDRESS	3505 SW 27TH ST.	
CITY-ST-ZIP	DES MOINES IA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Darin Roggenburg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

Date

(515) 282-9104

Daytime Phone #

CR2E034 (9/99)