

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90043 006 ***150.00

DOCUMENT # P07733

1. Entity Name
FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 42-0245840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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, 2001 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

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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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: Kenneth W. Felton Kenneth W. Felton February 22, 2001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
 TREASURER (515) 282-9104

CR2E034 (10/00)