

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26492

Entity Name: FMH AG RISK INSURANCE COMPANY

Current Principal Place of Business:

6785 WESTOWN PKWY
WEST DES MOINES, IA 50266

Current Mailing Address:

6785 WESTOWN PKWY
ACCOUNTING DEPT
WEST DES MOINES, IA 50266 US

FEI Number: 35-1452868

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: REBECCA BARTH

02/21/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name RUTLEDGE, WILLIAM A
Address 6785 WESTOWN PKWY
City-State-Zip: WEST DES MOINES IA 50266

Title P
Name RUTLEDGE, RONALD P
Address 6785 WESTOWN PKWY
City-State-Zip: WEST DES MOINES IA 50266

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

Title AT
Name MCENTEE, SCOTT W
Address 6785 WESTOWN PKWY
ACCOUNTING DEPT
City-State-Zip: WEST DES MOINES IA 50266

Title SECRETARY
Name RUTLEDGE, SHANNON D
Address 6785 WESTOWN PKWY
City-State-Zip: WEST DES MOINES IA 50266

Title TREASURER
Name ROGGENBURG, DARIN L
Address 6785 WESTOWN PKWY
ACCOUNTING DEPT
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: SCOTT MCENTEE

ASSISTANT TREASURER 02/21/2017

Electronic Signature of Signing Officer/Director Detail

Date