

**2019 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

02/27/2019

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:** DARIN ROGGENBURG

CFO

02/27/2019

Electronic Signature of Signing Officer/Director Detail

Date