

1.) CORPORATION NAME:

PHARMACISTS MUTUAL INSURANCE COMPANY

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1329574**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 808 US HGWY 18 W
POB 370

CITY/ST/ZIP: ALGONA, IA 50511

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	EDWARD J YORTY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	808 US HWY 18 W PO BOX 370 ALGONA, IA 50511		
CITY/ST/ZIP/CO:			
NAME:	KEVIN C BANWART	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	808 US HWY 18 W PO BOX 370 ALGONA, IA 50511		
CITY/ST/ZIP/CO:			
NAME:	THOMAS E CLAUDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/VP		
ADDRESS:	808 US HWY 18 W POB 370 ALGONA, IA 50511		
CITY/ST/ZIP/CO:			
NAME:	KIRK M HAYES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	808 US HWY 18 W PO BOX 370 ALGONA, IA 50511		
CITY/ST/ZIP/CO:			
NAME:	JONATHAN C GREATHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	808 HWY 18 W ALGONA, IA 50511		
CITY/ST/ZIP/CO:			
NAME:	WILLIAM H WIEBELHAUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CIO		
ADDRESS:	808 HWY 18 W ALGONA, IA 50511		
CITY/ST/ZIP/CO:			

NAME:	DONNIE R CALHOUN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	808 HWY 18 W		
CITY/ST/ZIP/CO:	ALGONA, IA 50511		
NAME:	HOLLY W HENRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	808 HWY 18 W		
CITY/ST/ZIP/CO:	ALGONA, IA 50511		
NAME:	RICHARD B MOON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	808 HWY 18 W		
CITY/ST/ZIP/CO:	ALGONA, IA 50511		
NAME:	RANDALL S MYERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	808 HWY 18 W		
CITY/ST/ZIP/CO:	ALGONA, IA 50511		
NAME:	KELLY S SELBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	808 HWY 18 W		
CITY/ST/ZIP/CO:	ALGONA, IA 50511		
NAME:	STEVEN T SIMENSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	808 HWY 18 W		
CITY/ST/ZIP/CO:	ALGONA, IA 50511		
NAME:	MATTHEW C OSTERHAUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	808 HWY 18 W		
CITY/ST/ZIP/CO:	ALGONA, IA 50511		
NAME:	FORREST M JAMES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	808 HWY 18 W		
CITY/ST/ZIP/CO:	ALGONA, IA 50511		
NAME:	WILLIAM A STUART	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	808 HWY 18 W		
CITY/ST/ZIP/CO:	ALGONA, IA 50511		
NAME:	SUSAN L SUTTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	808 HWY 18 W		
CITY/ST/ZIP/CO:	ALGONA, IA 50511		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ EDWARD J YORTY	EDWARD J YORTY, P/CEO	2/12/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			