

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215507281

1.) CORPORATION NAME:

PHARMACISTS MUTUAL INSURANCE COMPANY

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1329574**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 808 US HWY 18 W
PO Box 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 OFFICER DIRECTOR
TITLE: P/CEO
ADDRESS: 808 US HWY 18 W
PO BOX 370
CITY/ST/ZIP/CO: ALGONA, IA 50511

NAME: THOMAS E CLAUDE OFFICER DIRECTOR
TITLE: S/VP
ADDRESS: 808 US HWY 18 W
POB 370
CITY/ST/ZIP/CO: ALGONA, IA 50511

NAME: KEVIN C BANWART OFFICER DIRECTOR
TITLE: CFO
ADDRESS: 808 US HWY 18 W
PO BOX 370
CITY/ST/ZIP/CO: ALGONA, IA 50511

NAME: JONATHAN C GREYER OFFICER DIRECTOR
TITLE: COO
ADDRESS: 808 HWY 18 W
CITY/ST/ZIP/CO: ALGONA, IA 50511

NAME: WILLIAM H WIEBELHAUS OFFICER DIRECTOR
TITLE: CIO
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/ THOMAS E CLAUDE THOMAS E CLAUDE, S/VP 2/25/2015
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.