

1.) CORPORATION NAME:

**MIDWESTONE INSURANCE SERVICES, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**INCorp SERVICES INC**

**7288 HANOVER GREEN DR**

**MECHANICSVILLE, VA 23111**

DUE DATE: **11/30/2011**

SCC ID NO: **F1728718**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 309 HIGH AVE EAST

CITY/ST/ZIP: OSKALOOSA, IA 52577-

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 D BUTLER  
TITLE: SECRETARY  
ADDRESS: 309 HIGH AVE EAST  
CITY/ST/ZIP/CO: OSKALOOSA, IA 52577-

OFFICER

DIRECTOR

NAME: GREG TURNER  
TITLE: PRESIDENT  
ADDRESS: 1969 BRISTOL DR  
CITY/ST/ZIP/CO: IOWA CITY, IA 52245-

OFFICER

DIRECTOR

NAME: DOUGLAS BENJAMIN  
TITLE: VICE PRESIDENT  
ADDRESS: 16875 310TH ST  
CITY/ST/ZIP/CO: CONRAD, IA 50621-

OFFICER

DIRECTOR

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 D BUTLER

EDWARD D BUTLER, SECRETARY

9/21/2011

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.