

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215549661				
1.) CORPORATION NAME: MIDWESTONE INSURANCE SERVICES, INC.		DUE DATE: 11/30/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCorp SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA		SCC ID NO: F1728718				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: IA		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMV</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMV	1,000
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6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 124 SOUTH 1ST STREET 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: MARGARET RATCLIFF TITLE: PRESIDENT ADDRESS: 2349 135TH STREET CITY/ST/ZIP/CO: NEW SHARON, IA 50207	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: EDWARD D BUTLER TITLE: VICE PRESIDENT ADDRESS: 1109 FOXRUN DR. CITY/ST/ZIP/CO: OSKALOOSA, IA 52577	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: LISA ALDERSON TITLE: OFF/COMM INS ADDRESS: 1310 J AVE EAST CITY/ST/ZIP/CO: OSKALOOSA, IA 52577	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> 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/ MARGARET RATCLIFF SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARGARET RATCLIFF, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/23/2016 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.						