2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # 809596** 1. Entity Name **EMC PROPERTY & CASUALTY COMPANY** 04-26-2001 90081 014 ***150.00 Principal Place of Business Mailing Address 717 MULBERRY ST P.O BOX 712 DES MOINES IA 50309-0712 DES MOINES IA 50303-0712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 63-0329091 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITAL BUILDING 200E GAINES ST TALLAHASSEE FL 32399 Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CD TITLE ☐ Delete TITLE Channe Addition KELLEY, BRUCE G. NAME STREET ADDRESS 717 MULBERRY ST STREET ADDRESS CITY-ST-ZIP DES MOINES IA CITY-ST-ZIP X Delete TITLE TITLE ☐ Change X Addition SENIOR VICE PRESIDENT KELLEY, JOHN R. NAME RONALD W JEAN 2100 RIVERCHASE CENTER STREET ADDRESS STREET ADDRESS 717 MULBERRY STREET CITY-ST-ZIP **BIRMINGHAM AL** CiTY-ST-ZIP DES MOINES, IA 50309 SR VP/DIRECTOR X Delete Change TITLE X Addition SCHIEK, FREDRICK A. NAME DAVID O NARIGON 717 MULBERRY ST STREET ADDRESS STREET ADDRESS 717 MULBERRY STREET CITY-ST-ZIP DES MOINES IA CITY-ST-ZIP DES MOINES, IA 50309 TITI F ☐ Delete TITLE ☐ Change Addition KLEMME, DONALD D NAME NAME 717 MULBERRY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DES MOINES IA CITY-ST-ZIE TITLE ☐ Delete TITLE Change Addition NAME REESE, MARK E NAME 717 MULBERRY ST STREET ADDRESS STREET ADDRESS DES MOINES IA CIFY-ST-ZIP TITLE ☐ Delete TITLE Change Addition DAVIS, RAYMOND W. NAME NAME STREET ADDRESS 717 MULBERRY ST STREET ADDRESS CITY-ST-ZtP DES MOINES IA CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if

MARK REESE

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)