## .2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P.O BOX 712

## DOCUMENT # 809596

1. Entity Name

Principal Place of Business

717 MULBERRY ST

EMC PROPERTY & CASUALTY COMPANY

DES MOINES IA 50309-0712 US			DES MOINES IA 50303-0712 US				T KARITA NAKUL ARKUA KAKAI AKKA KAKAI	en en	AIRII DYNY NIBYY I	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. 1	FEI Number <b>63-0329091</b>			plied For
Zip		Country	Zip	Country	,	5. (	Certificate of Status Desired		\$8.75 Add	
	6. Name	and Address of Current Re	egistered Agent			7. 1	Name and Address of New Reg	stered	,	
INSURANCE COMMISSIONER THE CARITAL BUILDING					Name  Street Address (P.O. Box Number is Not Acceptable)					
200E GAI										
TALLAHĄ: 	SSEE FL 32	<b>399</b>	City				*	FL	Zip Cod	е
8. The above the obligat	e named entity tions of regist	submits this statement for the	ne purpose of changing its	registered office	or registere	d ag	ent, or both, in the State of Florid	a. Iam	familiar with,	and accept
SIGNATURE		or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent sign	ature required w	vhen re	instating)	DATE		<del></del> -
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750 Make Check Payable to Department of Sta		be \$750.0		10. Election Campaign Financ Trust Fund Contribution,	_	\$5.0 Added	May Be to Fees
11.	, <del></del>	OFFICERS AND DI	RECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Kelley, B 717 Mulb Des Moin	ERRY ST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Delete JEAN, RONALD W 717 MULBERRY ST. DES MOINES IA 50309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	i					
TITLE NAME _STREET ADDRESS _CITY-ST-ZIP	SRVP NARIGON, .7.17. MULBI DES MOIN		☐ Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP		ce .	President/Director	r 		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KLEMME, I 717 MULBI DES MOIN	erry st	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr Vic	e .	President/Secreta	ry/ D	☑ Change irector	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REESE, MA 717 MULBE DES MOINI	ERRY ST	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
CITY-ST-ZIP	VD DAVIS, RAY 717 MULBE DES MOINE	ERRY ST ES IA	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			President/Treasure	D:	☑ Change irector	Addition
of the corr	poration or the		red to execute this separt of				19.07(3)(i), Florida Statutes. I furti gal effect as if made under oath; a Statules; and that my name app			

SIGNATURE:

SIGNALE REQUIRED
NATURE AND APPEND OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

9/9/02

(515)280-2902

Daytime Phone #

73

**FILED** 

Sep 12, 2002 8:00 am Secretary of State 09-12-2002 90096 044 \*\*\*550.00

Attechment



717 Mulberry
Des Moines, IA 50309-3872
P.O. Box 712
Des Moines, IA 50303-0712
Phone 515.280.2511
pwww.emcinsurance.com

AQU 9596

FLORIDA DEPT OF STATE DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P O BOX 1500 TALLAHASSEE FL 32302-1500

Re: Corporation Annual Report - 2002

Enclosed is our check in the amount of \$550.00 for the filings fees due on the following companies:

Employers Mutual Casualty Company

\$550.00

**EMC INSURANCE COMPANIES** 

Associate Accountant

**Enclosures** 

