

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90105 008 \*\*\*150.00

**DOCUMENT # 834394**

1. Entity Name  
**EMC NATIONAL LIFE COMPANY**



Principal Place of Business  
**4095 NW URBANDALE DRIVE**  
**URBANDALE, IA 50322-7914**

Mailing Address  
**P.O. BOX 9202**  
**DES MOINES, IA 50306-9202**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**42-0868851**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER**  
**P O BOX 6200 (32314-6200)**  
**200 E. GAINES ST**  
**TALLAHASSEE, FL 32399-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SV  Delete  
 NAME PEARL, RITA A  
 STREET ADDRESS 4095 NW URBANDALE DRIVE  
 CITY-ST-ZIP URBANDALE, IA 503227914

TITLE V/S  Change  Addition  
 NAME Jenifer L. Mercer-Klimowski  
 STREET ADDRESS 4095 NW Urbandale Drive  
 CITY-ST-ZIP Urbandale, IA 50322-7914

TITLE CD  Delete  
 NAME KELLEY, BRUCE G  
 STREET ADDRESS 4095 NW URBANDALE DRIVE  
 CITY-ST-ZIP URBANDALE, IA 503227914

TITLE D  Change  Addition  
 NAME Robert Murray  
 STREET ADDRESS 4095 NW Urbandale Drive  
 CITY-ST-ZIP Urbandale, IA 50322-7914

TITLE PD  Delete  
 NAME HUISINGA, ALAN D.  
 STREET ADDRESS 4095 NW URBANDALE DRIVE  
 CITY-ST-ZIP URBANDALE, IA 503227914

TITLE D  Change  Addition  
 NAME Lawrence Hedlin  
 STREET ADDRESS 4095 NW Urbandale Drive  
 CITY-ST-ZIP Urbandale, IA 50322-7914

TITLE VT  Delete  
 NAME TROESTER, KEITH R  
 STREET ADDRESS 4095 NW URBANDALE DRIVE  
 CITY-ST-ZIP URBANDALE, IA 50322

TITLE D  Change  Addition  
 NAME Fredrick Schiek  
 STREET ADDRESS 4095 NW Urbandale Drive  
 CITY-ST-ZIP Urbandale, IA 50322-7914

TITLE D  Delete  
 NAME TEGLER, GRETCHEN H  
 STREET ADDRESS 4095 NW URBANDALE DRIVE  
 CITY-ST-ZIP URBANDALE, IA 50322

TITLE D  Change  Addition  
 NAME Richard Johnson  
 STREET ADDRESS 4095 NW Urbandale Drive  
 CITY-ST-ZIP Urbandale, IA 50322-7914

TITLE D  Delete  
 NAME LOCK, FREDERICK H  
 STREET ADDRESS 4095 NW URBANDALE DRIVE  
 CITY-ST-ZIP URBANDALE, IA 50322

TITLE D  Change  Addition  
 NAME Robert Howe  
 STREET ADDRESS 4095 NW Urbandale Drive  
 CITY-ST-ZIP Urbandale, IA 50322-7914

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jenifer L. Mercer-Klimowski* *7/21/05* *515-645 4052*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #