

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 10: 15

DOCUMENT # P15654 (7)

1. Corporation Name
EMC REINSURANCE COMPANY

Principal Place of Business Mailing Address
717 MULBERRY 717 MULBERRY
DES MOINES IA 50309 DES MOINES IA 50309

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/20/1987	3a. Date of Last Report 05/01/1994
21		26		4. FEI Number 42-1158991	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, ROBB B.	1.2 NAME	
STREET ADDRESS	4321 GREENWOOD DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAFLIN, DEAN P	2.2 NAME	Fredrick Arnold Schiek
STREET ADDRESS	4520 73RD ST	2.3 STREET ADDRESS	4615 67th Street
CITY - ST - ZIP	DES MOINES IA	2.4 CITY - ST - ZIP	Urbandale, IA 50322
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN EKEREN, P.T.	3.2 NAME	
STREET ADDRESS	213 N BUCHANAN	3.3 STREET ADDRESS	
CITY - ST - ZIP	MONROE IA	3.4 CITY - ST - ZIP	
TITLE	VTD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREESE, E.H.	4.2 NAME	
STREET ADDRESS	3883 GRAND #1011	4.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	4.4 CITY - ST - ZIP	
TITLE	VCCE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, BRUCE G	5.2 NAME	
STREET ADDRESS	14 GLENVIEW DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	5.4 CITY - ST - ZIP	
TITLE	CVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN SLOUN, J.M.	6.2 NAME	Ronnie Dale Hallenbeck
STREET ADDRESS	3133-30 ST	6.3 STREET ADDRESS	5880 Brentwood Circle
CITY - ST - ZIP	DES MOINES IA	6.4 CITY - ST - ZIP	Johnston, IA 50131

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: **E. H. Creese** 3-2-95 (515) 280-2581

EMC REINSURANCE COMPANY**Filing of Annual Report****1994****Officers**

<u>Name</u>	<u>Title</u>	<u>Resident Address</u>
Robb B. Kelley	Chairman	4321 Greenwood Drive Des Moines, IA 50312
Ronnie Dale Hallenbeck	President	5880 Brentwood Cir. Johnston, IA 50131
Bruce G. Kelley	Vice Chairman & CEO	14 Glenwood Drive Des Moines, IA 50312
Philip T. Van Ekeren	Sr. Vice President/ Secretary	213 N. Buchanan Monroe, IA 50170
Ronald W. Jean	Vice President/ Actuary	1201 N.W. 3rd Street Ankeny, IA 50021
E. H. Greese	Sr. Vice President/ Treasurer	3663 Grand #1001 Des Moines, IA 50312
Fred Schiek	Executive Vice President	4615 67th Street Urbandale, IA 50322
David O. Narigon	Vice President	R. R. 2 Box 308 Monroe, IA 50170
Raymond W. Davis	Vice President	7928 Beechwood Ct. Urbandale, IA 50322

Directors

<u>Name</u>	<u>Resident Addresses</u>
E. H. Greese	3663 Grand #1001 Des Moines, IA 50312
Raymond W. Davis	7928 Beechwood Ct. Urbandale, IA 50322
Bruce G. Kelley	14 Glenview Drive Des Moines, IA 50312
Robb B. Kelley	4321 Greenwood Drive Des Moines, IA 50312
Fred A. Schiek	4615 67th Street Urbandale, IA 50322
Dean P. Mc Claflin	4520 73rd Street Des Moines, IA 50322
P. T. Van Ekeren	213 N. Buchanan Monroe, IA 50170
Ronald Warner Jean	1201 N.W. 3rd St. Ankeny, IA 50021