

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

Pg 1052

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P15654** (7)

1. Corporation Name
EMC REINSURANCE COMPANY



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

3. Date Incorporated or Qualified: **08/20/1987**
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

4. FEI Number: **42-1158991**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEY, ROBB B.	12 NAME	Reese, Mark
STREET ADDRESS	4321 GREENWOOD DRIVE	13 STREET ADDRESS	717 Mulberry Street
CITY-ST-ZIP	DES MOINES IA	14 CITY-ST-ZIP	Des Moines, Iowa 50309
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIEK, FREDRICK A	22 NAME	Schiek, Fredrick A
STREET ADDRESS	4615 67TH STREET	23 STREET ADDRESS	4615 67th St.
CITY-ST-ZIP	URBANDALE IA	24 CITY-ST-ZIP	Des Moines, Iowa 50322
TITLE	VSD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN EKEREN, P.T.	32 NAME	Meyer, Patricia R.
STREET ADDRESS	213 N BUCHANAN	33 STREET ADDRESS	717 Mulberry Street
CITY-ST-ZIP	MONROE IA	34 CITY-ST-ZIP	Des Moines, Iowa 50309
TITLE	VTD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREESE, E.H.	42 NAME	Ronald W. Jean
STREET ADDRESS	3663 GRAND #1011	43 STREET ADDRESS	2214 Ridgewood Drive
CITY-ST-ZIP	DES MOINES IA	44 CITY-ST-ZIP	Altoona, IA 50009
TITLE	VCE <input type="checkbox"/> DELETE	5.1 TITLE	C/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, BRUCE G	52 NAME	Kelley, Bruce G.
STREET ADDRESS	14 GLENVIEW DR	53 STREET ADDRESS	14 Glenview Dr.
CITY-ST-ZIP	DES MOINES IA	54 CITY-ST-ZIP	Des Moines, Iowa 50311
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLENBECK, RONNIE H	62 NAME	
STREET ADDRESS	5880 BRENTWOOD CIRCLE	63 STREET ADDRESS	
CITY-ST-ZIP	JOHNSTON IA	64 CITY-ST-ZIP	

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 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: *Patricia R. Meyer* **Patricia R. Meyer** 4/26/96 (515)280-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)

EMC REINSURANCE COMPANY

Filing of Annual Report

1995

Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
Bruce G. Kelley	Chairman/ Treasurer & CEO	14 Glenwood Drive Des Moines, IA 50312
Ronnie Dale Hallenbeck	President & COO	5880 Brentwood Cir. Johnston, IA 50131
Fredrick A. Schiek	Executive Vice President	4615 67th Street Urbandale, IA 50322
Ronald W. Jean	Vice President & Actuary	2214 Ridgewood Drive Altoona, IA 50009
Mark E. Reese	Vice President & Controller	717 Mulberry Street Des Moines, IA 50309
David O. Narigon	Vice President	RR #2 Box 308 Monroe, IA 50170
Raymond W. Davis	Vice President	7928 Beechwood Court Urbandale, IA 50322
Vickie L. Freese	Vice President	5601 Highland Court West Des Moines, IA 50266
Patricia R. Meyer	Secretary	717 Mulberry Street Des Moines, IA 50309

Directors

<u>Name</u>	<u>Addresses</u>
Margaret A. Ball	717 Mulberry Street Des Moines, IA 50309
Raymond W. Davis	7928 Beechwood Ct. Urbandale, IA 50322
Ronnie Dale Hallenbeck	5880 Brentwood Circle Johnston, IA 50131
Ronald W. Jean	2214 Ridgeway Drive Altoona, IA 50009
Bruce G. Kelley	14 Glenwood Drive Des Moines, IA 50312
Patricia R. Meyer	717 Mulberry Street Des Moines, IA 50309
Mark E. Reese	717 Mulberry Street Des Moines, IA 50309
Fredrick A. Schiek	4615 67th Street Urbandale, IA 50322