

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/20/1987	
21	22	26	27	4. FEI Number 42-1158991	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		

g. 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	Zip Code

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, MARK E	1.2 NAME	
STREET ADDRESS	717 MULBERRY ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50309-3872	1.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIEK, FREDRICK A	2.2 NAME	
STREET ADDRESS	717 MULBERRY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50309-3872	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, PATRICIA R	3.2 NAME	
STREET ADDRESS	717 MULBERRY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50309-3872	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN, RONALD W	4.2 NAME	
STREET ADDRESS	717 MULBERRY ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50309-3872	4.4 CITY-ST-ZIP	
TITLE	CT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, BRUCE G	5.2 NAME	
STREET ADDRESS	717 MULBERRY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50309-3872	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLENBECK, RONNIE H	6.2 NAME	
STREET ADDRESS	717 MULBERRY ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50309-3872	6.4 CITY-ST-ZIP	

14. 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 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: _____ **SIGNATURE REQUIRED** Vice President 1-9-98 515-280-2902

CR2E034 (10/97)



EMC Insurance Companies

P.O. Box 712 • Des Moines, IA 50303-0712 • Tel. (515) 280-2511

January 9, 1998

Division of Corporation
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Corporation Annual Report - 1998

Enclosed is the above report and our check for \$150.00 in payment of filing fee.

EMC REINSURANCE COMPANY

Kay Morey

Kay Morey
Accounting Department

Enclosures