

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90004 001 ***450.00

DOCUMENT # P15654

1. Entity Name

EMC REINSURANCE COMPANY

Principal Place of Business

**717 MULBERRY
 DES MOINES IA 50309**

Mailing Address

**717 MULBERRY
 DES MOINES IA 50309-3810**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

42-1158991

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL BLDG.
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	REESE, MARK E	
STREET ADDRESS	717 MULBERRY ST	
CITY-ST-ZIP	DES MOINES IA 50309-3872	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	SCHIEK, FREDRICK A	
STREET ADDRESS	717 MULBERRY ST	
CITY-ST-ZIP	DES MOINES IA 50309-3872	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRESE, VICKI L	
STREET ADDRESS	717 MULBERRY ST	
CITY-ST-ZIP	DES MOINES IA 50309-3872	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JEAN, RONALD W	
STREET ADDRESS	717 MULBERRY ST	
CITY-ST-ZIP	DES MOINES IA 50309-3872	
TITLE	CT	<input type="checkbox"/> Delete
NAME	KELLEY, BRUCE G	
STREET ADDRESS	717 MULBERRY ST	
CITY-ST-ZIP	DES MOINES IA 50309-3872	
TITLE	P	<input type="checkbox"/> Delete
NAME	HALLENBECK, RONNIE H	
STREET ADDRESS	717 MULBERRY ST	
CITY-ST-ZIP	DES MOINES IA 50309-3872	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT/SECRETARY -	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

VICE PRESIDENT

4/24/00

(515)280-2902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK REESE

CR2000 (9/99)