2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # P15654** 1. Entity Name EMC REINSURANCE COMPANY 04-12-2001 90050 024 ***150.00 Principal Place of Business Mailing Address 717 MULBERRY 717 MIJI BERRY DES MOINES IA 50309 DES MOINES IA 50309 00034711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 42-1158991 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORIDA INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BLDG. TALLAHASSEE FL 32301 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE REESE, MARK E NAME NAME STREET ADDRESS STREET ADDRESS 717 MULBERRY ST CITY-ST-ZIP CITY-ST-ZIP DES MOINES IA 50309-3872 V/D **XX**Change Addition XX Delete V/D TITLE TITLE SCHIEK, FREDRICK A NAME NAME MURRAY, WILLIAM A. STREET ADDRESS 717 MULBERRY ST STREET ADDRESS 717 MULBERRY ST CITY-ST-ZIP CITY-ST-ZIP **DES MOINES IA 50309-3872** DES_MOINES__IA_50309-3872 **VPDS** TITLE Delete TITLE Change ☐ Addition FREESE, VICKI L NAME NAME STREET ADDRESS STREET ADDRESS 717 MULBERRY ST CITY-ST-ZIP CITY-ST-ZIP DES MOINES IA 50309-3872 TITLE ☐ Delete TITLE ☐ Change ☐ Addition JEAN, RONALD W NAME NAME STREET ADDRESS 717 MULBERRY ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DES MOINES 1A 50309-3872 CT ☐ Delete TITLE C. **XX**Change ☐ Addition KELLEY, BRUCE G NAME NAME STREET ADDRESS 717 MULBERRY ST STREET ADDRESS

13. 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

P/D

TITLE

SIGNATURE:

DES MOINES IA 50309-3872

DES MOINES IA 50309-3872

SIGNATURE AN

HALLENBECK, RONNIE H

717 MULBERRY ST

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

MARK REESE

☐ Delete

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

(515)280-2902

☐ Addition

Daytime Phone #

Change

CR2E034 (10/00)