## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P15654

Entity Name: EMC REINSURANCE COMPANY

FILED Apr 19, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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717 MULBERRY DES MOINES, IA 50309

Current Mailing Address: New Mailing Address:

717 MULBERRY DES MOINES, IA 50309

FEI Number: 42-1158991 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US

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.

III the State of Flori

SIGNATURE: Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: SVPD

Name: REESE, MARK E Address: 717 MULBERRY ST

City-St-Zip: DES MOINES, IA 503060712

Title: EVPD

Name: HOVICK, KEVIN J Address: 717 MULBERRY ST

City-St-Zip: DES MOINES, IA 503060712

Title: VPDS

Name: FRESE, VICKI L Address: 717 MULBERRY ST

City-St-Zip: DES MOINES, IA 503060712

Title: EVPD

Name: JEAN, RONALD W Address: 717 MULBERRY ST

City-St-Zip: DES MOINES, IA 503060712

Title: CD

Name: KELLEY, BRUCE G Address: 717 MULBERRY ST

City-St-Zip: DES MOINES, IA 503060712

Title: PD

Name: HALLENBECK, RONNIE H
Address: 717 MULBERRY ST
City-St-Zip: DES MOINES, IA 503060712

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK REESE SVPD 04/19/2012