

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809596

Entity Name: EMC PROPERTY & CASUALTY COMPANY**Current Principal Place of Business:**717 MULBERRY ST
DES MOINES, IA 50306-0712**Current Mailing Address:**P.O BOX 712
DES MOINES, IA 50306-0712**FEI Number: 63-0329091****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399-0305 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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PCTD
Name KELLEY, BRUCE G.
Address 717 MULBERRY ST
City-State-Zip: DES MOINES IA 50306-0712Title SVP
Name SIMONETTA, LISA A
Address 717 MULBERRY ST
City-State-Zip: DES MOINES IA 50306-0712Title DIRECTOR
Name REESE, MARK E
Address 717 MULBERRY ST
City-State-Zip: DES MOINES IA 50306-0712Title DIRECTOR
Name LINK, ROBERT L
Address 717 MULBERRY ST
City-State-Zip: DES MOINES IA 50306-0712Title VP
Name LOVELL, MICHAEL A
Address 717 MULBERRY ST
City-State-Zip: DES MOINES IA 50306-0712Title VP
Name JEAN, SCOTT R
Address 717 MULBERRY ST
City-State-Zip: DES MOINES IA 50306-0712

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 E REESE**CFO SVP****02/15/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date