2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2014
Secretary of State
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Entity Name: AMERICAN REPUBLIC INSURANCE COMPANY

Current Principal Place of Business:

601 SIXTH AVENUE
DES MOINES, IA 50309

Current Mailing Address:

POST OFFICE BOX 1
DES MOINES, IA 50334

FEI Number: 42-0113630

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER OF FLORIDA
200 EAST GAINES STREET
TALLAHASSEE, FL 32399-0300 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	PRESIDENT, DIRECTOR
Name	ABBOTT, MICHAEL E
Address	601 SIXTH AVENUE
City-State-Zip:	DES MOINES IA 50309

Title	D
Name	BLAIR, JOSEPH EJR.
Address	601 SIXTH AVENUE
City-State-Zip:	DES MOINES IA 50309

Title	D
Name	GREEN, BRENT B
Address	601 SIXTH AVENUE
City-State-Zip:	DES MOINES IA 50309

Title	DIRECTOR, SECRETARY
Name	HALL, TIMOTHY J
Address	601 SIXTH AVENUE
City-State-Zip:	DES MOINES IA 50309

Title	D
Name	BAINBRIDGE, CRAIG WMD
Address	601 SIXTH AVENUE
City-State-Zip:	DES MOINES IA 50309

Title	D
Name	EILERS, TOM D
Address	601 SIXTH AVENUE
City-State-Zip:	DES MOINES IA 50309

Title	D
Name	DAVIS, RUSSELL C
Address	601 SIXTH AVENUE
City-State-Zip:	DES MOINES IA 50309

Title	DIRECTOR
Name	MAGINN, JOHN L
Address	601 SIXTH AVENUE
City-State-Zip:	DES MOINES IA 50309

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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: TIMOTHY J. HALL SECRETARY 03/28/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WALKER, JAMES A
Address	601 SIXTH AVENUE
City-State-Zip:	DES MOINES IA 50309

Title	VP
Name	VOSS, SUSAN E
Address	601 SIXTH AVENUE
City-State-Zip:	DES MOINES IA 50309

Title	TREASURER
Name	MOVIC, MARK S
Address	601 SIXTH AVENUE
City-State-Zip:	DES MOINES IA 50309