2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834394

Entity Name: EMC NATIONAL LIFE COMPANY

Current Principal Place of Business:

699 WALNUT ST. **SUITE 1100**

DES MOINES, IA 50309-3965

Current Mailing Address:

P.O. BOX 9202

DES MOINES, IA 50306-9202

FEI Number: 42-0868851 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST

TALLAHASSEE, FL 32399-0000 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:

Name

Electronic Signature of Registered Agent

Date

FILED Apr 25, 2024

Secretary of State

6151891889CC

Officer/Director Detail:

Title DIRECTOR, VICE-CHAIRMAN, Title EXECUTIVE VICE PRESIDENT, CHIEF

PRESIDENT. & COO MARKETING OFFICER

FRAZIER, CHRIS D TORSTENSON, CAMERON Name Name

Address 699 WALNUT ST. Address 699 WALNUT ST.

SUITE 1100 SUITE 1100

City-State-Zip: **DES MOINES IA 50309-3965** City-State-Zip: **DES MOINES IA 50309-3965**

Title **DIRECTOR** Title **DIRECTOR**

Name BURGESON, LAUREN Name KRAUSE, KEVIN 5 SW 51ST ST Address 694 POLK BLVD. Address

City-State-Zip: DES MOINES IA 50312 City-State-Zip: DES MOINES IA 50312

SENIOR VICE PRESIDENT. CHIEF Title AVP - NEW BUSINESS & CLAIMS Title

TECHNOLOGY OFFICER Name BROWN, STEVEN C.

Name LUND, KEVIN

Address 699 WALNUT ST.

699 WALNUT ST. SUITE 1100 Address **SUITE 1100**

DES MOINES IA 50309-3965 City-State-Zip: City-State-Zip: **DES MOINES IA 50309-3965**

SVP AND CHIEF RISK AND Title Title SVP, CFO, TREASURER AND CHIEF **EXPERIENCE OFFICER**

ACTUARY Name RIVARD, PAUL DEVRIES, MARK J.

5135 APPLE GROVE Address Address 699 WALNUT ST.

SUITE 1100

City-State-Zip: CUMMING GA 30040 **DES MOINES IA 50309-3965** City-State-Zip:

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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.

04/25/2024 SIGNATURE: JASON LOVSTAD SENIOR ACCOUNTANT

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Name

Title

AVP & SECRETARY AVP - CONTROLLER & ASST. Title Title

TREASURER STRUCK, MICHELLE M.

Name STRUTHERS, SANDRA K. Address 699 WALNUT ST.

Address 699 WALNUT ST. **SUITE 1100**

SUITE 1100 City-State-Zip: **DES MOINES IA 50309-3965**

City-State-Zip: DES MOINES IA 50309-3965 ASST. CORPORATE COUNSEL

CHAIRMAN, CEO Title WHITE, MARGARET E. Name Name STROTHER, TODD A

Address **EMC INSURANCE COMPANIES** 712 MULBERRY ST 712 MULBERRY ST Address

DES MOINES IA 50309 City-State-Zip: DES MOINES IA 50309 City-State-Zip:

Title DEPUTY GENERAL COUNSEL Title DIRECTOR

VAN ZANTEN, DOUG S Name STURM, DENISE D Name

Address 712 MULBERRY ST Address 1317 NORTHEAST 47TH STREET

City-State-Zip: ANKENY IA 50021 City-State-Zip: DES MOINES IA 50309