2015 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

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US FILED Feb 23, 2015 Secretary of State CC1536728679

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

	Officer/Director Detail :					
	Title	SVP	Title	CEO		
	Name	MERCER-KLIMOWSKI, JENIFER L	Name	KELLEY, BRUCE G		
	Address	699 WALNUT ST, SUITE 1100	Address	EMC INSURANCE COMPANIES 717 MULBERRY ST		
	City-State-Zip:	DES MOINES IA 50309-3965	City-State-Zip:	DES MOINES IA 50309		
	Title	соо	Title	EVP		
	Name	FAUST, ERIC J	Name	TROESTER, KEITH R		
	Address	699 WALNUT ST., SUITE 1100	Address	699 WALNUT ST., SUITE 1100		
	City-State-Zip:	DES MOINES IA 50309-3965	City-State-Zip:	DES MOINES IA 50309-3965		
	Title	EVP	Title	D		
	Name	KELLEY, JOHN R	Name	LOCK, FREDERICK H		
	Address	699 WALNUT ST., SUITE 1100	Address	IOWA APPRAISAL & RESEARCH		
	City-State-Zip:	DES MOINES IA 50309-3965		CORP. 1707 HIGH ST.		
	Title	DIRECTOR	City-State-Zip:	DES MOINES IA 50309-3313		
	Name	BOGART, JASON R.	Title	DIRECTOR		
	Address	EMC INSURANCE COMPANIES 717 MULBERRY STREET	Name	HEDLIN, LAWRENCE K.		
	City-State-Zip:	DES MOINES IA 50309	Address	1001 - 45TH STREET		
			City-State-Zip:	WEST DES MOINES IA 50266		

Continues on page 2

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: JENIFER L. MERCER-KLIMOWSKI

SR. VP, CORPORATE 02/23/2015 COUNSEL & SECRETARY

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MURPHY, EDWARD A.
Address	9414 GREENBELT DRIVE
City-State-Zip:	URBANDALE IA 50322