

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 834394

**FILED**  
**Jan 28, 2016**  
**Secretary of State**  
**CC7903947211**

**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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SVP, CLO & SECRETARY  
Name MERCER-KLIMOWSKI, JENIFER L  
Address 699 WALNUT ST, SUITE 1100  
City-State-Zip: DES MOINES IA 50309-3965

Title CEO & DIRECTOR  
Name KELLEY, BRUCE G  
Address EMC INSURANCE COMPANIES  
717 MULBERRY ST  
City-State-Zip: DES MOINES IA 50309

Title COO  
Name FAUST, ERIC J  
Address 699 WALNUT ST., SUITE 1100  
City-State-Zip: DES MOINES IA 50309-3965

Title CFO  
Name FRAZIER, CHRIS D  
Address 699 WALNUT ST.  
SUITE 1100  
City-State-Zip: DES MOINES IA 50309-3965

Title DIRECTOR  
Name LOCK, FREDERICK H  
Address IOWA APPRAISAL & RESEARCH  
CORP.  
1707 HIGH ST.  
City-State-Zip: DES MOINES IA 50309-3313

Title PRESIDENT & DIRECTOR  
Name BOGART, JASON R.  
Address EMC INSURANCE COMPANIES  
717 MULBERRY STREET  
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR  
Name HEDLIN, LAWRENCE K.  
Address 1001 - 45TH STREET  
City-State-Zip: WEST DES MOINES IA 50266

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

**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

SENIOR VICE  
PRESIDENT, CORPORATE  
COUNSEL & SECRETARY

01/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SVP  
Name TORSTENSON, CAMERON  
Address 699 WALNUT ST.  
SUITE 1100  
City-State-Zip: DES MOINES IA 50309-3965