

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005086

FILED
Apr 02, 2019
Secretary of State
1957544379CC

Entity Name: DEPOSITORS INSURANCE COMPANY

Current Principal Place of Business:

1100 LOCUST STREET
DES MOINES, IA 50391

Current Mailing Address:

1100 LOCUST STREET
DES MOINES, IA 50391 US

FEI Number: 42-1207150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINNCIAL OFFICER OF FLORIDA
200 E. GAINES STREET
TALLAHASSEE, FL 32399 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 DIRECTOR, PRESIDENT
Name SHORE, AMY T.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title DIRECTOR
Name ARANGO, DAVID G.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title DIRECTOR
Name LEACH, MICHAEL P.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title DIRECTOR
Name BERVEN, MARK A.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title DIRECTOR
Name SMITH, ERIC E.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title TREASURER
Name BUEHLER, ROBERT A.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title SECRETARY
Name SKINGLE, DENISE L.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

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: DENISE L. SKINGLE

SECRETARY

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date