

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 07, 2017
Secretary of State
CC8511156978

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 VICE PRESIDENT, TREASURER
Name CROSSER, WENDELL P.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

Title VICE PRESIDENT, SECRETARY
Name HORNER, ROBERT W. III
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

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: ROBERT W. HORNER, III

SECRETARY

07/07/2017

Electronic Signature of Signing Officer/Director Detail

Date