

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005149

Entity Name: AMCO 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: 42-6054959

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OFFICER, CHIEF FINANCIAL
200 E. GAINES ST
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: CHIEF FINANCIAL OFFICER

05/01/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, CHIEF OPERATING OFFICER
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 KITTO, ELIZABETH
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

Title DIRECTOR
Name BRAZEAU TEMPLE, SHELLEY
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391

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

Title DIRECTOR
Name RICZKO, ELIZABETH M.
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

05/01/2020

Electronic Signature of Signing Officer/Director Detail

Date