

**2019 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

04/02/2019

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 LEACH, MICHAEL P.  
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 SHORE, AMY T.  
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