

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15654

Entity Name: EMC REINSURANCE COMPANY

Current Principal Place of Business:

717 MULBERRY
DES MOINES, IA 50309

Current Mailing Address:

717 MULBERRY
DES MOINES, IA 50309

FEI Number: 42-1158991

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399-0305 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 SVPD
Name REESE, MARK E
Address 717 MULBERRY ST
City-State-Zip: DES MOINES IA 50309-3872

Title VPD
Name FREDERICKS, BRADLEY J
Address 717 MULBERRY ST
City-State-Zip: DES MOINES IA 50309-3872

Title VPDS
Name FREESE, VICKI L
Address 717 MULBERRY ST
City-State-Zip: DES MOINES IA 50309-3872

Title EVPD
Name JEAN, SCOTT R
Address 717 MULBERRY ST
City-State-Zip: DES MOINES IA 50309-3872

Title CEO, CHAIRMAN, TREASURER,
DIRECTOR
Name KELLEY, BRUCE G
Address 717 MULBERRY ST
City-State-Zip: DES MOINES IA 50309-3872

Title PD
Name LOVELL, MICHAEL A
Address 717 MULBERRY ST
City-State-Zip: DES MOINES IA 50309-3872

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: MARK E REESE

SVPD

04/02/2018

Electronic Signature of Signing Officer/Director Detail

Date