

**2019 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 REESE

CFO-SR VP

04/11/2019

Electronic Signature of Signing Officer/Director Detail

Date