## 2013 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 P O BOX 6200 (32314-6200) 200 E. GAINES ST

TALLAHASSEE, FL 32399-0000 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

FILED Apr 16, 2013

**Secretary of State** 

CC0221360402

Officer/Director Detail:

Title SVPD Title EVPD

 Name
 REESE, MARK E
 Name
 HOVICK, KEVIN J

 Address
 717 MULBERRY ST
 Address
 717 MULBERRY ST

City-State-Zip: DES MOINES IA 50306-0712 City-State-Zip: DES MOINES IA 50306-0712

Title VPDS Title EVPD

Name FREESE, VICKI L Name JEAN, RONALD W
Address 717 MULBERRY ST Address 717 MULBERRY ST

City-State-Zip: DES MOINES IA 50306-0712 City-State-Zip: DES MOINES IA 50306-0712

Title CD Title PD

Name KELLEY, BRUCE G Name HALLENBECK, RONNIE H

Address 717 MULBERRY ST Address 717 MULBERRY ST

City-State-Zip: DES MOINES IA 50306-0712 City-State-Zip: DES MOINES IA 50306-0712

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 SR VICE I

Electronic Signature of Signing Officer/Director Detail

SR VICE PRESIDENT-CFO 04/16/2013

Date