

**2022 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 CFO  
Name COLLINS, ANN  
Address 717 MULBERRY  
City-State-Zip: DES MOINES IA 50309

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

Title SECRETARY  
Name VAN ZANTEN, DOUGLAS  
Address 717 MULBERRY  
City-State-Zip: DES MOINES IA 50309

*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:** ANN COLLINS

CFO

04/18/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date