

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33031

Entity Name: ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**1100 LOCUST STREET
DES MOINES, IA 50391-1100**Current Mailing Address:**1100 LOCUST STREET
DES MOINES, IA 50391-1100 US**FEI Number:** 42-1201931**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
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**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT, CHIEF
OPERATING OFFICER
Name BERVEN, MARK A.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391-1100

Title VICE PRESIDENT, TREASURER
Name CROSSER, WENDELL P.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391-1100

Title DIRECTOR
Name SHORE, AMY T.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391-1100

Title DIRECTOR
Name SMITH, ERIC E.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391-1100

Title VICE PRESIDENT, SECRETARY
Name HORNER, ROBERT W. III
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391-1100

Title DIRECTOR
Name LEACH, MICHAEL P.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391-1100

Title DIRECTOR
Name ARANGO, DAVID G.
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391-1100

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: ROBERT W. HORNER, III**SECRETARY****04/27/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date