2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33031

Entity Name: ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY

FILED Apr 23, 2022 Secretary of State 0068097469CC

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

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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:

Name

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR, PRESIDENT, CHIEF

OPERATING OFFICER BERVEN, MARK A.

Address 1100 LOCUST STREET

City-State-Zip: DES MOINES IA 50391-1100

Title DIRECTOR

Name RICZKO, ELIZABETH M. Address 1100 LOCUST STREET

City-State-Zip: DES MOINES IA 50391-1100

Title TREASURER

Name ROTHERMEL, PETER J.
Address 1100 LOCUST STREET

City-State-Zip: DES MOINES IA 50391-1100

Title DIRECTOR

Name GUERRERO, OSCAR
Address 1100 LOCUST STREET

City-State-Zip: DES MOINES IA 50391-1100

Title DIRECTOR

Name DOUGLAS, GARY A.

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 SECRETARY

Name SKINGLE, DENISE L.

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: DENISE L. SKINGLE SECRETARY 04/23/2022