2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# 810392

Entity Name: EMPLOYERS MUTUAL CASUALTY COMPANY

Current Principal Place of Business:

717 MULBERRY ST.
DES MOINES, IA 50309

New Principal Place of Business:

Current Mailing Address:

717 MULBERRY ST.
DES MOINES, IA 50309

New Mailing Address:

FEI Number: 42-0234980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	SVP	( ) Delete
Name:	REESE, MARK E.	
Address:	717 MULBERRY ST	
City-St-Zip:	DES MOINES, IA 50309	
Title:	D	( ) Delete
Name:	SCHIEK, FREDRICK A	
Address:	4615 67TH	
City-St-Zip:	URBANDALE, IA 50322	
Title:	D	( ) Delete
Name:	KOCHHEISER, GEORGE W	
Address:	7375 E ONYX COURT	
City-St-Zip:	SCOTTSDALE, AZ 85258	
Title:	D	( ) Delete
Name:	BRIGGS, BLAINE A	
Address:	16765 EL ZORRO VISTA	
City-St-Zip:	RANCHO SANTA FE, CA 92067	
Title:	D	( ) Delete
Name:	GRIFFIN, GALE L	
Address:	2 OLD FARM WAY	
City-St-Zip:	WILLIAMSTOWN, MA 01287	
Title:	PD	( ) Delete
Name:	KELLEY, BRUCE, G,	
Address:	717 MULBERRY ST	
City-St-Zip:	DES MOINES, IA 503093872	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	KELLEY, JOHN H DR	
Address:	2038 THATCH PALM DR	
City-St-Zip:	BOCA RATON, FL 33432	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK REESE SVP 04/19/2006

Electronic Signature of Signing Officer or Director — Date