## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#810392** 

Entity Name: EMPLOYERS MUTUAL CASUALTY COMPANY

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
717 MULBERRY ST. DES MOINES, IA 50309				717 MULBERRY ST. DES MOINES, IA 50306		
Current Mailing Address:				New Mailing Address:		
717 MULBERRY ST. DES MOINES, IA 50309				717 MULBERRY ST. DES MOINES, IA 50306		
FEI Number: 42-0234980 FEI Number Applied For ( ) FEI Number				mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
P O BOX 62 200 E. GAIN TALLAHAS	SEE, FL 32	3200) 3990000 US		<b>5</b> ahan ain a 14		
in the State	of Florida.	submits this statement for the pur	pose o	r changing ii	is registere	d office or registered agent, or both,
SIGNATURE:						
Electronic Signature of Registered Agent Date						
Election Cam	paign Financi	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SVP ( REESE, MAR 717 MULBER DES MOINES	RY ST		Title: Name: Address: City-St-Zip:	SVP REESE, MA 717 MULBE DES MOINE	
Title: Name: Address: City-St-Zip:	D ( SCHIEK, FRE 4615 67TH URBANDALE,			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	,			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( KELLEY, JOH 2038 THATCH BOCA RATON	I PALM DR		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	GRIFFIN, GAI 2 OLD FARM			Title: Name: Address: City-St-Zip:	D GRIFFIN, G 2 OLD FARI WILLIAMST	
Title: Name: Address:	KELLEY, BRU 717 MULBER			Title: Name: Address:	PD KELLEY, BF 717 MULBE	

I hereby certify that the information supplied with this filing does not qualify 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 04/30/2007