

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810392

FILED
Apr 20, 2011
Secretary of State

Entity Name: EMPLOYERS MUTUAL CASUALTY COMPANY

Current Principal Place of Business:

717 MULBERRY ST.
DES MOINES, IA 50306

New Principal Place of Business:

Current Mailing Address:

717 MULBERRY ST.
DES MOINES, IA 50306

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

OFFICERS AND DIRECTORS:

Title: SVP
Name: MARK E REESE
Address: 717 MULBERRY ST
City-St-Zip: DES MOINES, IA 503060712

Title: D
Name: RICHARD KOCH JR
Address: 325 GRAND AVE
City-St-Zip: DES MOINES, IA 50309

Title: D
Name: JOHN C BURGESSON
Address: 627 E LOCUST
City-St-Zip: DES MOINES, IA 50309 19

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

Title: D
Name: GALE L GRIFFIN
Address: 2 OLD FARM WAY
City-St-Zip: WILLIAMSTOWN, MA 01267

Title: PD
Name: BRUCE G KELLEY
Address: 717 MULBERRY ST
City-St-Zip: DES MOINES, IA 503060712

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: MARK REESE

SVP

04/20/2011

Electronic Signature of Signing Officer or Director

Date