

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003456

FILED
Jan 04, 2012
Secretary of State

Entity Name: NCMIC INSURANCE SERVICES, INC.

Current Principal Place of Business:

14001 UNIVERSITY AVENUE
CLIVE, IA 503258258

New Principal Place of Business:

Current Mailing Address:

14001 UNIVERSITY AVENUE
CLIVE, IA 503258258

New Mailing Address:

FEI Number: 42-1453538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: D
Name: MCNERNEY, PATRICK E
Address: 14001 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 503258258

Title: TD
Name: SCHLUETER, ROGER
Address: 14001 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 503258258

Title: D
Name: BEAL, BRUCE
Address: 14001 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 503258258

Title: AVP
Name: CLARK, BARB
Address: 14001 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 503258258

Title: PD
Name: WARREN, ROD
Address: 14001 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 503258258

Title: SVPD
Name: ANDERSON, JACQUELINE
Address: 14001 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 503258258

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: JACQUELINE ANDERSON

SVPD

01/04/2012

Electronic Signature of Signing Officer or Director

Date