

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005845

FILED
Jan 09, 2007
Secretary of State

Entity Name: NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMPANY

Current Principal Place of Business:

5619 DTC PARKWAY
SUITE 300
GREENWOOD VILLAGE, CO 80111

New Principal Place of Business:

Current Mailing Address:

5619 DTC PARKWAY
SUITE 300
GREENWOOD VILLAGE, CO 80111

New Mailing Address:

FEI Number: 84-0982643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: BERGMAN, ALAN
Address: RURAL ROUTE, BOX 10
City-St-Zip: JUD, ND 58454

Title: D/T () Delete
Name: WARREN, RICHARD G
Address: 5619 DTC PARKWAY, SUITE 300
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: D/S () Delete
Name: MALONEY, PETER T
Address: QBE REINSURANCE CORP, 88 PINE ST, #16
City-St-Zip: NEW YORK, NY 10005

Title: D/P () Delete
Name: MACKEY, JERRY B
Address: 5619 DTC PARKWAY, SUITE 300
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: D () Delete
Name: KENNY, TIMOTHY M
Address: QBE REINSURANCE CORP, 88 PINE ST, #16
City-St-Zip: NEW YORK, NY 10005

Title: D () Delete
Name: FIORE, JAMES J
Address: QBE REINSURANCE CORP, 88 PINE ST, #16
City-St-Zip: NEW YORK, NY 10005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/T (X) Change () Addition
Name: ROOT, KEVIN D
Address: 5619 DTC PARKWAY, SUITE 300
City-St-Zip: GREENWOOD VILLAGE, CO 80111

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: () 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: WILLIAM B. STEVENSON

SVP

01/09/2007

Electronic Signature of Signing Officer or Director

Date