

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90206 039 ***150.00

DOCUMENT # P00136

1. Entity Name
NCMIC INSURANCE COMPANY



Principal Place of Business
**14001 UNIVERSITY AVENUE
CLIVE, IA 50325-8258 US**

Mailing Address
**14001 UNIVERSITY AVENUE
CLIVE, IA 50325-8258**

60001036



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

42-0635534

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

Name

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2731 Executive Park Drive, Suite 4

City

Weston

FL

Zip Code
33331

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCNERNEY, PATRICK E
14001 UNIVERSITY AVENUE
CLIVE, IA 503258258** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SCHLUETER, ROGER L
14001 UNIVERSITY AVENUE
CLIVE, IA 503258258** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BEAL, BRUCE
14001 UNIVERSITY AVENUE
CLIVE, IA 503258258** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
RAYMIE, MARK
14001 UNIVERSITY AVENUE
CLIVE, IA 503258258** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COOD
WARREN, ROD
14001 UNIVERSITY AVENUE
CLIVE, IA 503258258** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATD
MCENTEE, SCOTT
14001 UNIVERSITY AVENUE
CLIVE, IA 503258258** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/S/D
Schlueter, Roger L.
14001 University Avenue
Clive, IA 50325-8258** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Cole, Greg
14001 University Avenue
Clive, IA 50325-8258** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Madcharo, Eric
14001 University Avenue
Clive, IA 50325-8258** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roger Schlueter

Roger Schlueter, Secretary

01/11/2007

515-313-4549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #