

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00136

FILED
Jan 04, 2012
Secretary of State

Entity Name: NCMIC INSURANCE COMPANY

Current Principal Place of Business:

14001 UNIVERSITY AVENUE
CLIVE, IA 503258258 US

New Principal Place of Business:

Current Mailing Address:

14001 UNIVERSITY AVENUE
CLIVE, IA 50325 US

New Mailing Address:

FEI Number: 42-0635534

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 AVE.
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 L
Address: 14001 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 503258258

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

Title: D
Name: COLE, GREG
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 US

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