

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814680

Entity Name: MEDICO INSURANCE COMPANY

Current Principal Place of Business:

601 6TH AVE.
DES MOINES, IA 50309

Current Mailing Address:

P O BOX 10386
DES MOINES, IA 50306-0386 US

FEI Number: 47-0122200

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title TREASURER
Name MOVIC, MARK S
Address 601 6TH AVENUE
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name KEITH, DAVID J
Address 601 6TH AVENUE
City-State-Zip: DES MOINES IA 50309

Title CHAIRMAN OF THE BOARD,
 PRESIDENT, CEO
Name SWANK, THOMAS A
Address 601 6TH AVENUE
City-State-Zip: DES MOINES IA 50309

Title SECRETARY
Name NEMMERS, ERIC T
Address 601 6TH AVENUE
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name LEHAN, SARA E
Address 601 6TH AVENUE
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name HAUGH, SCOTT M
Address 601 6TH AVE.
City-State-Zip: DES MOINES IA 50309

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: ERIC T. NEMMERS

SECRETARY

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date