2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2014
Secretary of State
CC2984260063

DOCUMENT# 814680

Entity Name: MEDICO INSURANCE COMPANY

Current Principal Place of Business:

11808 GRANT STREET
OMAHA, NE 68164

Current Mailing Address:

P O BOX 10386
DES MOINES, IA 50306 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	P O BOX 10386
City-State-Zip:	DES MOINES IA 50306

Title	CHAIRMAN OF THE BOARD
Name	ABBOTT, MICHAEL E
Address	P O BOX 10386
City-State-Zip:	DES MOINES IA 50306

Title	DIRECTOR
Name	DAVIS, RUSSELL C
Address	P O BOX 10386
City-State-Zip:	DES MOINES IA 50306

Title	DIRECTOR
Name	GREEN, BRENT (CHRIST) B
Address	P O BOX 10386
City-State-Zip:	DES MOINES IA 50306

Title	PD
Name	HALL, TIMOTHY J
Address	P O BOX 10386
City-State-Zip:	DES MOINES IA 50306

Title	DIRECTOR
Name	BAINBRIDGE, CRAIG W MD
Address	P O BOX 10386
City-State-Zip:	DES MOINES IA 50306

Title	DIRECTOR
Name	EILERS, TOM D
Address	P O BOX 10386
City-State-Zip:	DES MOINES IA 50306

Title	DIRECTOR
Name	MAGINN, JOHN L
Address	P O BOX 10386
City-State-Zip:	DES MOINES IA 50306

Continues on page 2

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: TIMOTHY J. HALL SECRETARY 03/31/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WALKER, JAMES A
Address	P O BOX 10386
City-State-Zip:	DES MOINES IA 50306

Title	DIRECTOR
Name	BLAIR, JOSEPH E JR.
Address	P O BOX 10386
City-State-Zip:	DES MOINES IA 50306