2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2015
Secretary of State
CC4933725002

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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 50306-0386 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	CHAIRMAN OF THE BOARD, PRESIDENT, CEO
Name	SWANK, THOMAS A
Address	601 6TH AVENUE
City-State-Zip:	DES MOINES IA 50309

Title	SECRETARY
Name	VOSS, SUSAN E
Address	601 6TH AVENUE
City-State-Zip:	DES MOINES IA 50309

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

Title	DIRECTOR
Name	EILERS, TOM D
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

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: SUSAN E. VOSS SECRETARY 04/29/2015

Electronic Signature of Signing Officer/Director Detail — Date