

RECEIVED
FEC MAIL CENTER
2022 MAY 13 AM 11:25

May 5, 2022

Re: ID # C00163873

Employers Mutual Mutual Casualty
Company for Responsible Federal Government

Dear Ms. Hanna:

Enclosed please find an amendment for filing. The update reflects a new treasurer and the inclusion of an assistant treasurer. The document was electronically signed via DocuSign.

If you have any questions, please do not hesitate to contact me at (515) 345-7390, or via e-mail at Sean.A.Pelletier@EMCIns.com.

Sincerely,



Sean Pelletier

Sr. Vice President - Chief Compliance Officer

Employers Mutual Casualty Company

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**RECEIVED
FEC MAIL CENTER
2022 MAY 13 AM 11:25

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

Employers Mutual Casualty Company, Committee for Responsible Federal Government

ADDRESS (number and street)

717 Mulberry Street

(Check if address
is changed)

Des Moines

CITY ▲

IA

STATE ▲

50309

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

Sean.A.Pelletier@EMCIns.com

Optional Second E-Mail Address

Ron.D.Herman@EMCIns.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

NA

2. DATE

MM / DD / YYYY
05 / 05 / 2022

3. FEC IDENTIFICATION NUMBER ►

C00163873

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ron D. Herman

Signature of Treasurer

DocuSigned by:

Ron Herman

348B70B864AF458...

Date

MM / DD / YYYY
05 / 05 / 2022NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

☐ House☐ Senate☐ President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Employers Mutual Casualty Company - Connected

Employers Mutual Casualty Committee for Responsible State Government - Affiliated

Mailing Address

717 Mulberry Street

Des Moines

CITY

IA

STATE

50309

ZIP CODE

Relationship: ☒ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Ron D. Herman

Mailing Address

EMC Insurance Companies

717 Mulberry Street

Des Moines

CITY

IA

STATE

50309

ZIP CODE

Title or Position

Treasurer

Telephone number 515 - 345 - 2788

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Ron D. Herman

Mailing Address

717 Mulberry Street

Des Moines

CITY

IA

STATE

50309

ZIP CODE

Title or Position

Vice President, Corporate Tax

Telephone number 515 - 345 - 2788

Full Name of
Designated
Agent

Maria Anastasi

Mailing Address

717 Mulberry Street

Des Moines

CITY

IA

STATE

50309

3872

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

515

345

7507

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bankers Trust Company, N.A.

Mailing Address

453 7th Street

Des Moines

CITY

IA

STATE

50309

2728

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information
for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ of ____

5(g) or (h). Joint Fundraising Participant:

1.
2.
3.
4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Des Moines

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,
Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲



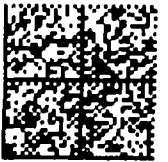
P.O. Box 712
Des Moines, IA 50306-0712

REC'D
FEC MAIL CENTER
2022 MAY 13 AM 11:25

DES MOINES IA 500

5 MAY 2022 PM 3 L

FIRST CLASS



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Federal Election Commission
Attn: Maggie Hanna
1030 First St., N.E.
Washington, D.C. 20463

20463-



2022 MAY 13 AM 11:25

The FEC added this page to the end of this filing to indicate how it was received.

(3/2015)

2022-1-15 10:44