

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826558

FILED
Jul 16, 2008
Secretary of State

Entity Name: JEWELERS MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

24 JEWELERS PARK DR
NEENAH, WI 549563703 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 468
NEENAH, WI 549560468 US

New Mailing Address:

FEI Number: 39-0493890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCOO () Delete
Name: KATH, DARIN L
Address: 1219 E WYNDMERE DR
City-St-Zip: APPLETON, WI 54915

Title: CEO () Delete
Name: HARDER, RONALD,
Address: 815 HEATHER LANE
City-St-Zip: NEENAH, WI 54956

Title: CD () Delete
Name: GEOLAT, PATTI
Address: 8601 PARK LANE UNIT 722
City-St-Zip: DALLAS, TX 75231

Title: CFOS () Delete
Name: SANDERS, CAROL P
Address: E 7471 RED OAK RD
City-St-Zip: FREMONT, WI 54910

Title: CCT (X) Delete
Name: KINAS, KELLY B
Address: W 4114 ALLISON DR
City-St-Zip: KAUKAUNA, WI 54130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ICEO (X) Change () Addition
Name: GEOLAT, INTERIM CEO, PATTI
Address: 8601 PARK LANE, UNIT 722
City-St-Zip: DALLAS, TX 75231

Title: CFOS (X) Change () Addition
Name: SANDERS, CAROL P
Address: E7471 RED OAK RD
City-St-Zip: FREMONT, WI 54910

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CCT (X) Change () Addition
Name: KINAS, KELLY B
Address: W4114 ALLISON DR
City-St-Zip: KAUKAUNA, WI 54130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROL P. SANDERS

CFOS

07/16/2008

Electronic Signature of Signing Officer or Director

Date