2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

DOCUMENT# 826558

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 549570468 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: COPEMAN, DARWIN
Address: 416 WINDMILL RD
City-St-Zip: KAUKAUNA, WI 54130

Title: CFO
Name: SANDERS, CAROL P
Address: E7471 RED OAK RD
City-St-Zip: FREMONT, WI 54910

Title: CD
Name: JAMES, NANCY
Address: 117 BAYVIEW ISLE DR
City-St-Zip: ISLAMORADA, FL 33036

Title: CCAT
Name: KINAS, KELLY B
Address: W4114 ALLISON DR
City-St-Zip: KAUKAUNA, WI 54130

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: CAROL P. SANDERS CFO 02/10/2011

Electronic Signature of Signing Officer or Director — Date