

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 826558

**FILED**  
**May 17, 2012**  
**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 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

05/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date