FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:17

DOCUMENT # **L43055** **(7)**

1. Corporation Name
EMPLOYERS MUTUAL INC.

Principal Place of Business	Mailing Address
C/O DAVID A KING 1416 KINGSLEY AVE ORANGE PARK FL 32073	9716 SAN JOSE BLVD. STE. 200 JACKSONVILLE FL 32257 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/18/1990
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21 9716 San Jose Blvd.

2a. Mailing Address
26

4. FEI Number: 59-2989676 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22 Suite 200

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State
23 Jacksonville, Florida

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip: 24 32257 Country: 25 US

Zip: 29 Country: 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KING, DAVID A.
ATTORNEY AT LAW
1416 KINGSLEY AVE.
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	☐ Change ☐ Addition	
NAME	SHIELDS, WILLIAM E.	1.2 NAME		
STREET ADDRESS	9716 SAN JOSE BLVD. STE. 200	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	DVS	2.1 TITLE	☐ Change ☐ Addition	
NAME	MUELLER, MARKUS	2.2 NAME		
STREET ADDRESS	9716 SAN JOSE BLVD. STE. 200	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	M	3.1 TITLE	☐ Change ☐ Addition	
NAME	ANDERSON, WYLIE L	3.2 NAME		
STREET ADDRESS	9716 SAN JOSE BLVD., STE 200	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	☒ Change ☐ Addition	
NAME	FANE, DR. G R	4.2 NAME	Fane, Dr. Gary R.	
STREET ADDRESS	12655 CURT DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	☒ Change ☐ Addition	
NAME	FRANK, CLIFF	5.2 NAME		
STREET ADDRESS	24342 OCEAN WALK DR	5.3 STREET ADDRESS	2342 Ocean Walk Drive	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE		6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Markus Mueller 3/10/95 904/260-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002100 CP