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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L43055

(7)

1. Corporation Name

EMPLOYERS MUTUAL INC.

Principal Place of Business

9716 SAN JOSE BLVD
STE 200
JACKSONVILLE FL 32257
US

Mailing Address

9716 SAN JOSE BLVD.
STE. 200
JACKSONVILLE FL 32257-5436
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/18/1990

3a. Date of Last Report

04/26/1996

4. FEI Number

59-2989676

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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 JOHN TIPPINS

82 Street Address (P.O. Box Number is Not Acceptable)

9716 SAN JOSE BOULEVARD, STE 200

83

84 City JACKSONVILLE

FL

85 Zip Code 32257

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 *John Tippins* JOHN TIPPINS, VICE PRESIDENT AND CHIEF FINANCIAL OFFICER 4/17/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE OPT ☒ DELETE
NAME SHIELDS, WILLIAM E.
STREET ADDRESS 9716 SAN JOSE BLVD. STE. 200
CITY-ST-ZIP JACKSONVILLE FL

TITLE DVS ☐ DELETE
NAME MUELLER, MARKUS
STREET ADDRESS 9716 SAN JOSE BLVD. STE. 200
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE
NAME ANDERSON, WYLIE L
STREET ADDRESS 9716 SAN JOSE BLVD., STE 200
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ DELETE
NAME FANE, DR. GARY R.
STREET ADDRESS 12055 CURT DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ DELETE
NAME FRANK, CLIFF
STREET ADDRESS 2342 OCEAN WALK DR
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE V ☐ DELETE
NAME TIPPINS, JOHN M.
STREET ADDRESS 9716 SAN JOSE BLVD., STE. 200
CITY-ST-ZIP JACKSONVILLE FL 32257

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME D/P
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *John Tippins* JOHN TIPPINS

APRIL 12 1997 004/260 0035

CR2E034 (9/96)

12. (Continued)

Title	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	BATIE, BOBBY N.	
Street Address	9716 SAN JOSE BLVD. STE 200	
City-St-Zip	JACKSONVILLE, FL 32257	

Title	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	FINCH, ROBERT B.	
Street Address	1000 RIVERSIDE AVE., STE 800	
City-St-Zip	JACKSONVILLE, FL 32204	

Title	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	RUSSELL, WILLIAM R.	
Street Address	1000 RIVERSIDE AVE., STE 800	
City-St-Zip	JACKSONVILLE, FL 32204	

Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	SMITH, STEVEN R.	
Street Address	1000 RIVERSIDE AVE., STE 800	
City-St-Zip	JACKSONVILLE, FL 32204	

Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	MCCREARY, WILLIAM T.	
Street Address	700 CENTRAL PARKWAY	
City-St-Zip	STUART, FL 34994	

Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	BOWEN, PATRICK M.	
Street Address	700 CENTRAL PARK WAY	
City-St-Zip	STUART, FL 34994	