

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L43055** (7)  
1. Corporation Name  
**EMPLOYERS MUTUAL INC.**

Principal Place of Business <b>9716 SAN JOSE BLVD STE 200 JACKSONVILLE FL 32257 US</b>	Mailing Address <b>9716 SAN JOSE BLVD. STE. 200 JACKSONVILLE FL 32257 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/18/1990</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-2989676</b>	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~TIPPINS, JOHN~~  
**9716 SAN JOSE BLVD, STE 200  
JACKSONVILLE FL 32257**

81 Name <b>Tippins, John</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b>
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUELLER, MARKUS</b>	1.2 NAME	
STREET ADDRESS	<b>9716 SAN JOSE BLVD. STE. 200</b>	1.3 STREET ADDRESS	<b>JACKSONVILLE, FL 32257</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, WYLIE L</b>	2.2 NAME	
STREET ADDRESS	<b>9716 SAN JOSE BLVD., STE 200</b>	2.3 STREET ADDRESS	<b>JACKSONVILLE, FL 32257</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIPPINS, JOHN M.</b>	3.2 NAME	
STREET ADDRESS	<b>9716 SAN JOSE BLVD., STE. 200</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32257</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>BATIE, BOBBY N.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>9716 SAN JOSE BLVD., STE 200</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32257</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>FINCH, ROBERT B.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1000 RIVERSIDE AVE., STE 800</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32204</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>RUSSELL, WILLIAM R.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1000 RIVERSIDE AVE., STE 800</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32204</b>

14. I 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 in an attachment with an address.

SIGNATURE:

JOHN TIPPINS

APRIL 15, 1998 904-260-0035

CR2E034 (10/97)

**12. (Continued)**

<b>Title</b>	<b>D</b>
<b>Name</b>	<b>SMITH, STEVEN R.</b>
<b>Street Address</b>	<b>1000 RIVERSIDE AVE., STE 800</b>
<b>City-St-Zip</b>	<b>JACKSONVILLE, FL 32204</b>

<b>Title</b>	<b>D</b>
<b>Name</b>	<b>MCCREARY, WILLIAM T.</b>
<b>Street Address</b>	<b>700 CENTRAL PARKWAY</b>
<b>City-St-Zip</b>	<b>STUART, FL 34994</b>

<b>Title</b>	<b>D</b>
<b>Name</b>	<b>BOWEN, PATRICK M.</b>
<b>Street Address</b>	<b>700 CENTRAL PARKWAY</b>
<b>City-St-Zip</b>	<b>STUART, FL 34994</b>