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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L43055

1. Corporation Name

EMPLOYERS MUTUAL INC.

Principal Place	e of Business	Mail	ng Address				\$ 00 00 #IL BIOD	9 (())(8818 (81(8) 8()) 814(OTOXI DISIR BIBLI B	1811 81811 1881
9716 SAN JOSE			SAN JOSE BLVD.				i			
STE 200	L DEVO	STE.								
JACKSONVILLE	FL 32257		SONVILLE FL 32257					NOT WRITE IN THIS	SSPACE	
US		US					3. Date incorporated of	or Qualifed		[
							01/18/1990			. I
2. Principal Pl	ace of Business	2a. N	failing Address				4. FEI Number		<u> </u>	olied For
21		26					<u>59-2989676</u>			Applicable
Suite, Apt. i	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certifcate of Status	Desired	\$8.75 A Fee Re	1
22 _		27	2:4 . 0. 04-4-						···	
City & State	9	\vdash	City & State				Election Campaign Trust Fund Contribut	I I	\$5.00 Added to	
23	Country	28	in .	Country						51003
Zip	Country	<u> </u>	ip 30	~ ·	,		8. This corporation ow Personal Property 1			□No
24	25	29 Popleto		ויש			10. Name and Addres			
	9. Name and Address of Current	Legiste	rea Agent	81	Name	,	10		<u> </u>	
TIPPI	INS, JOHN									
9716 SAN JOSE BLVD, STE 200				82	Street	Addres	dress (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32257				83						
0.101										
				84	City			FI	85 Zip C	ode
44 Dureuant (to the provisions of Sections 607.0502	and 607	1508 Florida Statutes.	the abov) e-named	corpor	ation submits this statem	ent for the numose o	f changing its	registered
office or re	adistared agent or both in the State of	i Florida.	Such change was auth	ionzea by	tue cou	oration	's board of directors. I he	ereby accept the appo	intment as reg	jistered
agent. I ar	n familiar with, and accept the obligation	มกร of, S	ection 607.0505, Florida	a Statutes) ,					ļ
SIGNATURE	Signature, typed or printed name of registered agent a	and title if a	onlicable (NOTE: Re	wistered Age	nt signature	required v	men reinstating)	DATE		
12.	OFFICERS AND		<u> </u>	13.				ES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DP		☐ DELETE	1.1 TITLE		D			Change	☐ Addition
NAME	MUELLER, MARKUS			1.2 NAME						
STREET ADDRESS	9716 SAN JOSE BLVD. STE. 200	n		1.3 STREE	TADDRESS	;				
CITY-ST-ZIP	JACKSONVILLE FL 32257	•		1.4 CITY-S	T-71P					ı
TITLE	V									
NAME	AUDEDOON HOUSE !		☐ DELETE	2.1 TITLE		ВΛЛ			Change	Addition .
10 01112	ANDERSON, WYLLE I		☐ DELETE	2.1 TITLE 2.2 NAME		D/VI	The state of the s		Change	Addition
CTDEET AIVIDECC	ANDERSON, WYLIE L 9716 SAN JOSE RIVD. STE 200	3	DELETE	2.2 NAME		Byer	rs, John R.	. 041 171	_ `	X Addition
STREET ADORESS	9716 SAN JOSE BLVD., STE 200	0	□ DELETE	2.2 NAME 2.3 STREE	T ADDRESS	Byer 1000	rs, John R.) Riverside Aven		_ `	Addition
CITY-ST-ZIP	9716 SAN JOSE BLVD., STE 200 JACKSONVILLE FL 32257	0	□ DELETE	2.2 NAME	T ADDRESS	Byer 1000	rs, John R.		_ `	Addition Addition
CITY-ST-ZIP TITLE	9716 SAN JOSE BLVD., STE 200 JACKSONVILLE FL 32257 V	0		2.2 NAME 2.3 STREE 2.4 CITY-	T ADDRESS	Byer 1000	rs, John R.) Riverside Aven		·	
CITY-ST-ZIP TITLE NAME	9716 SAN JOSE BLVD., STE 200 JACKSONVILLE FL 32257 V TIPPINS, JOHN M.			2.2 NAME 2.3 STREE 2.4 CITY-5 3.1 TITLE 3.2 NAME	T ADDRESS ST-ZIP	Byen 1000 Jack	rs, John R.) Riverside Aven		·	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	9716 SAN JOSE BLVD., STE 200 JACKSONVILLE FL 32257 V TIPPINS, JOHN M. 9716 SAN JOSE BLVD., STE. 20			2.2 NAME 2.3 STREE 2.4 CITY-3 3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS ST-ZIP T ADDRESS	Byen 1000 Jack	rs, John R.) Riverside Aven		·	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9716 SAN JOSE BLVD., STE 200 JACKSONVILLE FL 32257 V TIPPINS, JOHN M. 9716 SAN JOSE BLVD., STE. 20 JACKSONVILLE FL 32257			2.2 NAME 2.3 STREE 2.4 CITY-5 3.1 TITLE 3.2 NAME	T ADDRESS ST-ZIP T ADDRESS	Byen 1000 Jack	rs, John R.) Riverside Aven		·	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9716 SAN JOSE BLVD., STE 200 JACKSONVILLE FL 32257 V TIPPINS, JOHN M. 9716 SAN JOSE BLVD., STE. 20 JACKSONVILLE FL 32257 V BATIE, BOBBY N 9716 SAN JOSE BLFD STE 200 JACKSONVILLE FL 32257 DV	00	☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-5 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	T ADDRESS ST- ZIP T ADDRESS ST- ZIP	Byen 1000 Jack	rs, John R.) Riverside Aven (sonville,FL 322)		Change	Addition
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99 (904) 354--Date Daybine Phone #