

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

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 of Business

9716 SAN JOSE BLVD
STE 200
JACKSONVILLE FL 32257
US

Mailing Address

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90029 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1990

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

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 DP
NAME MUELLER, MARKUS
STREET ADDRESS 9716 SAN JOSE BLVD. STE. 200
CITY-ST-ZIP JACKSONVILLE FL 32257

☐ DELETE

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

D

☒ Change ☐ Addition

TITLE V
NAME ANDERSON, WYLIE L
STREET ADDRESS 9716 SAN JOSE BLVD., STE 200
CITY-ST-ZIP JACKSONVILLE FL 32257

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D/VP/AS

☐ Change ☒ Addition

Byers, John R.
1000 Riverside Avenue, 8th Floor
Jacksonville, FL 32204

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

☐ DELETE

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

V/S

☐ Change ☐ Addition

TITLE V
NAME BATIE, BOBBY N
STREET ADDRESS 9716 SAN JOSE BLVD STE 200
CITY-ST-ZIP JACKSONVILLE FL 32257

☐ DELETE

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

V/S

☒ Change ☐ Addition

TITLE DV
NAME FINCH, ROBERT B
STREET ADDRESS 1000 RIVERSIDE AVE STE 800
CITY-ST-ZIP JACKSONVILLE FL 32204

☐ DELETE

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

D/V/AS

☒ Change ☐ Addition

TITLE DC
NAME RUSSELL, WILLIAM R
STREET ADDRESS 1000 RIVERSIDE AVE STE 800
CITY-ST-ZIP JACKSONVILLE FL 32204

☐ DELETE

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

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE OF ROBERT B. FINCH 2/2/99 (904) 354-5910

CR2E034 (11/98)