2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2004 8:00 am Secretary of State

DOCUMENT # L43055 1. Entity Name EMPLOYERS MUTUAL, INC.						02-25-2004 9	90023 001 *	**150	0.00
4TH FLOOR	e of Business SIDE AVENUE .E, FL 32204 US	Mailing Address 225 WATER STREET SUITE 1400 JACKSONVILLE, FL 32202 US			TO THE REPORT OF THE PARTY OF T	. 1171 - 1211 - 1211 - 1 211	T(6) 2 4 2 4 1 1		
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062004	Chg-P	CR2E034 (1	0/03)	
City & State		City & State		4. FEI Number 59-298967	76			olied For Applicable	
Zip	Country	Zip	Count		5. Certificate of S	tatus Desired		5 Addi	
	6. Name and Address of Current	Registered Agent	المحددت والمحادد		7. Name and Add	iress of New Re	egistered Agent		
1000 RIVE	CHARLES RSIDE AVENUE R VILLE, FL 32204	Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)						
				City	FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHA	NGES TO OFFIC	CERS AND DIRE	CTORS	IN 11
TITLE	VP	🔼 Delete	TITLE	- 1				hange	🛚 Addition
NAME STREET ADDRESS CITY-ST-ZIP	HAMPEL, WILLIAM 700 CENTRAL PARKWAY STUART, FL 34994			ET ADDRESS 1000	borough, L Riverside sonville.	Avenue,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COWN, ROBERTA GOES 225 WATER STREET, SUITE 14 JACKSONVILLE, FL 32202	Delete		Davi	ls, James E Central Pa urt, FL 349	rkway	□ c	nange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWEN, PATRICK 700 CENTRAL PARKWAY STUART, FL 34994	⊠ Delete		AS Park 225	s, Peggy Water Stre	A. et, Suite	□ [©] e 1400	nange	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP THORPE, KIM D 225 WATER STREET, SUITE 140 JACKSONVILLE, FL 32202	☐ Delate		VP Spar ST ADDRESS 700	no,Mark Central Pa	rkway	c	nange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC DIVITA, III, CHARLES 1000 RIVERSIDE AVENUE, 5TH JACKSONVILLE, FL 32204	□ Delete		D/P/			K c	nange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO PALMER, CLARK 700 CENTRAL PARKWAY STUART, FL 34994 ertify that the information supplied with	☐ Delete This filing does not qualify for	CITY-	ET ADDRESS ST-ZIP	ection 119 07(3Vi) El	orida Statutes 1	[] C		Addition .

Thereby Certify that the information supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If urther certify that the information indicated on this report or supplemental 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 10 or Block 11 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

2/23/04

(904) 354-2483

Daytime Phone #Ext. 3287