

L43055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

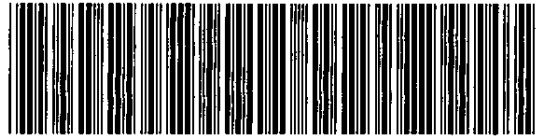
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Employers Mutual, Inc.
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth A. Harker
Name of Contact Person

3H Agent Services, Inc.
Firm/Company

6 Clement Avenue
Address

Saratoga Springs, NY 12866
City/State and Zip Code

beth.harker@3hcs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth A. Harker at (800) 796-7859
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Employers Mutual, Inc.
2. The principal office address: 700 Central Parkway
Stuart, FL 34994
3. The mailing address (if different): Ascension Insurance, Inc., 2345 Grand Blvd., Ste 610,
Kansas City, MO 64108
4. Date of incorporation/qualification: 1/18/90 Document number: L43055
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Timothy J P McCreary

700 Central Parkway

Stuart, FL 34994 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

3H Agent Services, Inc.

1970 Otter Way

P.O. Box NOT acceptable

Palm Harbor, FL 34685

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Tim McCreary, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

2/24/10

Date

If signing on behalf of an entity:

3H Agent Services, Inc.

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/03)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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