

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43055

FILED
Apr 06, 2011
Secretary of State

Entity Name: EMPLOYERS MUTUAL, INC.

Current Principal Place of Business:

700 CENTRAL PARKWAY
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

ASCENSION INSURANCE, INC.
2345 GRAND BLVD., SUITE 610
KANSAS CITY, MO 64108

New Mailing Address:

FEI Number: 59-2989676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

3H AGENT SERVICES, INC.
1970 OTTER WAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: KLINE, LEONARD P
Address: 2345 GRAND BLVD., SUITE 610
City-St-Zip: KANSAS CITY, MO 64108

Title: SEC
Name: INGRAHAM, JAMES H
Address: 2345 GRAND BLVD., SUITE 610
City-St-Zip: KANSAS CITY, MO 64108 US

Title: CFOV
Name: SCHNEIDER, ROBERT S
Address: 2345 GRAND BLVD., SUITE 610
City-St-Zip: KANSAS CITY, MO 64108

Title: O
Name: ASCENSION INSURANCE, INC.
Address: 2345 GRAND BLVD., SUITE 610
City-St-Zip: KANSAS CITY, MO 64108

Title: EVP
Name: STOLLE, CALVIN
Address: 2345 GRAND BLVD., SUITE 610
City-St-Zip: KANSAS CITY, MO 64108

Title: P
Name: MCCREARY, TIMOTHY J
Address: 700 CENTRAL PARKWAY
City-St-Zip: STUART, FL 34994

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES H INGRAHAM

SEC

04/06/2011

Electronic Signature of Signing Officer or Director

Date