

L43055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

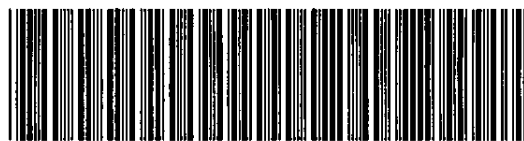
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAY 19 2015  
T. LEMMON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Employers Mutual, Inc.

Name of Corporation

**DOCUMENT NUMBER:** L43055

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@3has.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth A. Harker

Name of Contact Person

at ( 518 ) 583-0639

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 Florida 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): 9225 Indian Creek Parkway, Suite 700  
Overland Park, KS 66210
4. Date of incorporation/qualification: 01/18/1990 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)
- 3H Agent Services, Inc.  
1970 Otter Way  
Palm Harbor, FL 34685

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

3H Agent Services, Inc.  
1415 Panther Lane, Suite 327  
P.O. Box NOT acceptable  
Naples, FL 34109

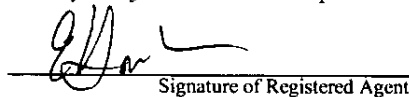
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

Elizabeth Harker, Attorney-in-Fact for the 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

05/06/2014

Date

If signing on behalf of an entity:

Elizabeth Harker

Typed or Printed Name

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