

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90265 009 ***150.00

DOCUMENT # L43055

1. Entity Name
EMPLOYERS MUTUAL, INC.



Principal Place of Business
**1000 RIVERSIDE AVENUE
4TH FLOOR
JACKSONVILLE FL 32204
US**

Mailing Address
**225 WATER STREET
SUITE 1400
JACKSONVILLE FL 32202
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2989676**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIVITA, III, CHARLES
1000 RIVERSIDE AVENUE
4TH FLOOR
JACKSONVILLE FL 32204**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPCE
MUELLER, MARKUS
700 CENTRAL PARKWAY
STUART FL 34994** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Hampel, William
700 Central Parkway
Stuart, FL 34994** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
COWN, ROBERTA GOES
225 WATER STREET, SUITE 1400
JACKSONVILLE FL 32202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Bowen, Patrick
700 Central Parkway
Stuart, FL 34994** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RADER, DAVID L
1000 RIVERSIDE AVENUE, 8TH FLOOR
JACKSONVILLE FL 32204** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
Parks, Peggy A.
225 Water Street, Suite 1400
Jacksonville, FL 32202** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
THORPE, KIM D
225 WATER STREET, SUITE 1400
JACKSONVILLE FL 32202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Davis, James E.
700 Central Parkway
Stuart, FL 34994** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPC
DIVITA, III, CHARLES
1000 RIVERSIDE AVENUE
JACKSONVILLE FL 32204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPCEO
Divita, III, Charles
1000 Riverside Avenue, 5th Floor
Jacksonville, FL 32204** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
PALMER, CLARK
700 CENTRAL PARKWAY
STUART FL 34994** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Peggy A. Parks* **Peggy A. Parks**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Assistant Secretary**

(904) 354-2482
Daytime Phone # **Ext. 328**

CR20034 (10/02)