FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -3 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P18209 (7)

1. Corporation Name

INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
3600 WOODVIEW TRACE INDIANAPOLIS IN 46268	3600 WOODVIEW TRACE INDIANAPOLIS IN 46268

3. Date Incorporated or Qualified: 02/29/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 35-0410420 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRISON, ROBERT L
STREET ADDRESS	253 BRIERLEY WAY
CITY-ST-ZIP	CARMEL IN
TITLE	V
NAME	HERVEY, RANDALL K.
STREET ADDRESS	11109 WOODBURY DRIVE
CITY-ST-ZIP	CARMEL IN
TITLE	S
NAME	RODNEY, LEO W
STREET ADDRESS	122 S. ROAD 300E
CITY-ST-ZIP	DANVILLE IN
TITLE	T
NAME	WIETFELDT, DAVID C.
STREET ADDRESS	109 ASPEN WAY
CITY-ST-ZIP	NOBLESVILLE IN
TITLE	AS
NAME	NIETEN, LETTY M.
STREET ADDRESS	1326 N. GRANT
CITY-ST-ZIP	INDIANAPOLIS IN
TITLE	CD
NAME	NEWBURG, NORMAN M
STREET ADDRESS	4787 ALDERSGATE
CITY-ST-ZIP	CARMEL IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] David C. Wietfeldt 2/21/95 (317-875-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

Treasurer & CFO