2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90104 035 ***150.00

0586155

DOCUMENT # P18209

1. Entity Name

INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY

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

D0030465

DO NOT WRITE IN THIS SPACE

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 35-0410420 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WOLF, JOHN F. 3240 EDEN WAY CIRCLE CARMEL IN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WALTERS, DAVID 1456 STONEMILL CIRCLE CARMEL IN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DON W BLACKWELL 10640 BURNING RIDGE FISHERS IN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD NEWBURG, NORMAN M 4787 ALDERSGATE CARMEL IN	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ROBERT LEE HARRISON 253 BRIERLEY WAY CARMEL, IN 46032	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V REYNOLDS, WILLIAM 542 LA RETOMA DRIVE GREENWOOD IN 46143	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOHN MARK MCKINZIE 12861 HARRISON DRIVE CARMEL, IN 46033	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GREGORY WAYNE FRAIZER 15923 FARR HILLS DRIVE WESTFIELD, IN 46074	☐ Change ☒ Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Don W. Blackwell DON W. BLACKWELL 3/26/01 317/875-3710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #