

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                      |                                                                                   |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P18209</b><br>1. Entity Name<br><b>INDIANA LUMBERMENS MUTUAL INSURANCE<br/>COMPANY</b> |  |
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|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br><b>3600 WOODVIEW TRACE<br/>INDIANAPOLIS, IN 46268</b> | Mailing Address<br><b>3600 WOODVIEW TRACE<br/>INDIANAPOLIS, IN 46268</b> |
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02282007 No Chg-P CR2E034 (11/05)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>35-0410420</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required               |

|                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>CHIEF FINANCIAL OFFICER<br/>P O BOX 6200 (32314-6200)<br/>200 E. GAINES ST<br/>TALLAHASSEE, FL 32399-0000</b> |
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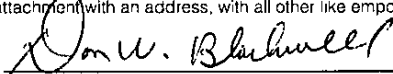
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|                                                                                                                                                                              |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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|                                                                               |                                                                                                                           |  |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |  |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |                                                                             |
|------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WOLF, JOHN F.<br>10420 GOLDEN BEAR WAY<br>NOBLESVILLE, IN 46060        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>WALTERS, DAVID<br>1456 STONEMILL CIRCLE<br>CARMEL, IN                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>DON W BLACKWELL<br>7513 EASY ST<br>FISHERS, IN 46038                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>HARRISON, ROBERT LEE<br>253 BRIERLEY WAY<br>CARMEL, IN 46032           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>KNOTTS, SUSAN KAYE<br>11043 SPRINGTREE PLACE<br>INDIANAPOLIS, IN 46239 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>HYNES, JAMES A<br>8228 MISTY COVE<br>INDIANAPOLIS, IN 46236            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|
| <b>SIGNATURE:</b>  <b>Don W. Blackwell</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <b>3-1-2007</b> | Daytime Phone # <b>317-875-3710</b> |
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