2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# P18209

Entity Name: INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

3600 WOODVIEW TRACE
INDIANAPOLIS, IN 46268

New Principal Place of Business:

Current Mailing Address:

3600 WOODVIEW TRACE
INDIANAPOLIS, IN 46268

New Mailing Address:

FEI Number: 35-0410420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WOLF, JOHN F.	
Address:	10420 GOLDEN BEAR WAY	
City-St-Zip:	NOBLESVILLE, IN 46060	
Title:	S	( ) Delete
Name:	WALTERS, DAVID	
Address:	1456 STONEMILL CIRCLE	
City-St-Zip:	CARMEL, IN	
Title:	T	( ) Delete
Name:	DON W BLACKWELL,	
Address:	7513 EASY ST	
City-St-Zip:	FISHERS, IN 46038	
Title:	C	( ) Delete
Name:	HOWARD, SHEARON	
Address:	1236 ALDERLY ROAD	
City-St-Zip:	INDIANAPOLIS, IN 46260	
Title:	V	( ) Delete
Name:	KNOTTS, SUSAN KAYE	
Address:	11043 SPRINGTREE PLACE	
City-St-Zip:	INDIANAPOLIS, IN 46239	
Title:	V	( ) Delete
Name:	CAMPISI, RAYMOND	
Address:	10583 BRIKTON LANE	
City-St-Zip:	FISHERS, IN 46037	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON W. BLACKWELL CFO 02/24/2009

Electronic Signature of Signing Officer or Director — Date