2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2012
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:

8888 KEYSTONE CROSSING
SUITE 250
INDIANAPOLIS, IN 46240

Current Mailing Address:

3600 WOODVIEW TRACE
INDIANAPOLIS, IN 46268

New Mailing Address:

8888 KEYSTONE CROSSING
SUITE 250
INDIANAPOLIS, IN 46240

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

OFFICERS AND DIRECTORS:

Title: P
Name: WOLF, JOHN F
Address: 8888 KEYSTONE CROSSING, STE 250
City-St-Zip: INDIANAPOLIS, IN 46240

Title: S T
Name: BLACKWELL, DON W
Address: 8888 KEYSTONE CROSSING, STE 250
City-St-Zip: INDIANAPOLIS, IN 46240

Title: C
Name: SHEARON, HOWARD L
Address: 8888 KEYSTONE CROSSING, STE 250
City-St-Zip: INDIANAPOLIS, IN 46240

Title: V
Name: KNOTTS, SUSAN K
Address: 8888 KEYSTONE CROSSING, STE 250
City-St-Zip: INDIANAPOLIS, IN 46240

Title: V
Name: CAMPISI, RAYMOND
Address: 8888 KEYSTONE CROSSING, STE 250
City-St-Zip: INDIANAPOLIS, IN 46240

Title: V
Name: PIANKO, GREGORY
Address: 8888 KEYSTONE CROSSING, STE 250
City-St-Zip: INDIANAPOLIS, IN 46240

I hereby 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 all other like empowered.

SIGNATURE: DON W BLACKWELL S T 04/09/2012

Electronic Signature of Signing Officer or Director — Date