

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818040

Entity Name: PHYSICIANS MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

2600 DODGE ST.
OMAHA, NE 68131-2671

Current Mailing Address:

2600 DODGE ST.
OMAHA, NE 68131-2671 US

FEI Number: 47-0270450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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: NICOLE MCCOY

04/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT & CEO, DIRECTOR
Name REED, ROBERT A JR.
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title TREASURER, DIRECTOR
Name CANEDY, JAMES T MD
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title SR VP CFO
Name MULLEN, EDWARD J
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title VICE PRESIDENT
Name CARSTENS, MICHAEL V
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title SR VICE PRESIDENT
Name CRAWFORD, MELLISSA J
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title SR VICE PRESIDENT
Name DAUBERT, HOWARD G
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title SR VICE PRESIDENT & ASST
SECRETARY
Name GUNIA, ROBERT L
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title VICE PRESIDENT
Name NELSON, MARK S
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

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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: PATRICIA KEAIRNES

VP, ACCOUNTING

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE PRESIDENT
Name PARSHALL, SHANE D
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title VICE PRESIDENT
Name HAHN, DAVE
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title VP, CUSTOMER GROUP
Name EARLYWINE, ROSE
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title VP, POLICYOWNER SERVICES DIVISION
Name RICHIE, SCOTT A
Address 2600 DODGE ST
City-State-Zip: OMAHA NE 68131

Title DIRECTOR
Name REED, ROBERT ALLEN
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title DIRECTOR
Name MANCUSO, MARTIN MICHAEL DR.
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title VP ETG ARCHITECTURE & DEV, ETG
Name COBERLY, NATHAN LYLE
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title CHIEF INVESTMENT OFFICER
Name BYRNE, WILLIAM M
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title VP, CHIEF INNOVATION & STRATEGY
Name HUBEL, STEPHEN D
Address 2600 DODGE ST
City-State-Zip: OMAHA NE 68131

Title VICE PRESIDENT
Name REED, TIMOTHY R
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title VP, COMPLIANCE
Name WOODS, DAVID P
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title VP, CLAIMS
Name HIEMSTRA, KATHERINE M
Address 2600 DODGE STREET
City-State-Zip: OMAHA NE 68131

Title DIRECTOR
Name CUTLER, WILLIAM AUSTIN III
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title DIRECTOR
Name FITZGIBBONS, TIMOTHY CHARLES DR.
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title VP & APPOINTED ACTUARY
Name LEHMAN, MARK E
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title DIRECTOR
Name BURKEY, DANIEL EDWARD
Address 2600 DODGE ST.
City-State-Zip: OMAHA NE 68131-2671

Title VP, ACCOUNTING
Name KEAIRNES, PATRICIA
Address 2600 DODGE ST
City-State-Zip: OMAHA NE 68131

Title CHIEF INFORMATION OFFICER
Name SNYDER, LORETTA R
Address 2600 DODGE ST
City-State-Zip: OMAHA NE 68131