

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 826558

**Entity Name:** JEWELERS MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

24 JEWELERS PARK DR  
NEENAH, WI 54956-3703

**Current Mailing Address:**

P O BOX 468  
NEENAH, WI 54957-0468 US

**FEI Number:** 39-0493890

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO	Title	VP, CFO, & TREASURER
Name	MURPHY, D SCOTT	Name	FUHRMAN, PAUL J
Address	24 JEWELERS PARK DR	Address	24 JEWELERS PARK DR
City-State-Zip:	NEENAH WI 54956	City-State-Zip:	NEENAH WI 54956
Title	CD	Title	CCAT
Name	FIEBRINK, MARK	Name	KINAS, KELLY B
Address	14472 HIGHLANDS TRAIL	Address	24 JEWELERS PARK DR
City-State-Zip:	BRISTOL VA 24202	City-State-Zip:	NEENAH WI 54956

*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:** PAUL J FUHRMAN

VP, CFO, TREASURER

03/18/2015

Electronic Signature of Signing Officer/Director Detail

Date