2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2015
Secretary of State
CC3676402483

DOCUMENT# P18209

Entity Name: INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

8888 KEYSTONE CROSSING
SUITE 250
INDIANAPOLIS, IN 46240

Current Mailing Address:

8888 KEYSTONE CROSSING
SUITE 250
INDIANAPOLIS, IN 46240

FEI Number: 35-0410420

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	PRESIDENT	Title	TREASURER
Name	SMITH, JOHN K	Name	MARAZZO, JOHN F
Address	ONE COMMERCE SQUARE 2005 MARKET STREET, SUITE 1200	Address	ONE COMMERCE SQUARE 2005 MARKET STREET, SUITE 1200
City-State-Zip:	PHILADELPHIA PA 19103	City-State-Zip:	PHILADELPHIA PA 19103

Title	SECRETARY
Name	HAROLD, JAMISON L
Address	ONE COMMERCE SQUARE 2005 MARKET STREET, SUITE 1200
City-State-Zip:	PHILADELPHIA PA 19103

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: JOHN F MARAZZO VP AND TREASURER 03/24/2015

Electronic Signature of Signing Officer/Director Detail — Date