

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18209

Entity Name: INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY**Current Principal Place of Business:**2005 MARKET STREET
SUITE 1200
PHILADELPHIA, PA 19103**Current Mailing Address:**2005 MARKET STREET
SUITE 1200
PHILADELPHIA, PA 19103 US**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
Name	SMITH, JOHN K
Address	ONE COMMERCE SQUARE 2005 MARKET STREET, SUITE 1200
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

Title	TREASURER
Name	MARAZZO, JOHN F
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. MARAZZOVICE PRESIDENT &
TREASURER

04/26/2022

Electronic Signature of Signing Officer/Director Detail_____
Date