

1.) CORPORATION NAME:

INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REGISTERED AGENT SOLUTIONS, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA**

SCC ID NO: **F0021107**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8888 KEYSTONE CROSSING
SUITE 250

CITY/ST/ZIP: INDIANAPOLIS, IN 46240

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN KEVIN SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2005 MARKET STREET STE 1200		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19103		
NAME:	JOHN FRANCIS MARAZZO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2005 MARKET STREET STE 1200		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19103		
NAME:	JOHN WILLIAM LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2005 MARKET STREET STE 1200		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19103		
NAME:	STEPHEN FAYEN BOYD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2005 MARKET STREET STE 1200		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19103		
NAME:	HARVEY EATON KROIZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2005 MARKET STREET STE 1200		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19103		
NAME:	WILLIAM ARTHUR BISSETTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2005 MARKET STREEET STE 1200		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19103		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES RICHARD PETERSON DIRECTOR 2005 MARKET STREET STE 1200 PHILADELPHIA, PA 19103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HAROLD LEON JAMISON SECRETARY 2005 MARKET STREET STE 1200 PHILADELPHIA, PA 19103	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ HAROLD LEON JAMISON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HAROLD LEON JAMISON, SECRETARY PRINTED NAME AND CORPORATE TITLE	2/21/2014 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.