2000 UNIFORM BUSINESS REPORT (UBR)

BOCUMENT # 801960

1. Entity Name

SENTRY INSURANCE A MUTUAL COMPANY

1800 NORTH POINT	DRIVE
STEVENS POINT WE	54481-8283

FILED Feb 26, 2000 8:00 am Secretary of State

02-26-2000 90044 031 ***150.00

Principal Place of Business Mailing Address										
1800 NORTH POINT DRIVE STEVENS POINT WI 54481-8283 2. Principal Place of Business			1800 NORTH POINT DRIVE STEVENS POINT WI 54481-1253 US 3. Mailing Address			○ ± ± ∞ ··· =				
		3. Mailing Addr								
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		_	DO NOT WRITI				
			Colle, y gr. 11, etc.							
City & State		City & State	City & State		4. FE	4. FEI Number 39-0333950		Applied For Not Applicable		
Zip	Country	Zíp	Cou	untry	5. Ce	ertificate of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Na	me and Address of New Re	gistered A	gent		
		• • •		Name						
CAP	CAPITOL BLDG			ess (P.O. Box	x Number is Not Acceptable)					
IALL	LAHASSEE FL 32301			City			FL	Zip Cod	 e	
	named entity submits this statemen									
SIGNATURE .	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE. Registe	ered Agent signature re	quired when reins	slating)	DATE			
Tax filing requirement and elects to do so. After MAY		LE NOW!!! FE MAY 1, 2000 Fe eck Payable to	e will be \$550.	1	10. Election Campaign Fina Trust Fund Contribution	· -		O May Be I to Fees		
1.	OFFICERS AI	ND DIRECTORS	12	2	ADD	TIONS/CHANGES TO OFFICE	CERS AND	DIRECTOR	3 IN 11	
ITLE	SV		Delete	TLE				Change	Additio	
AME	O'REILLY, WILLIAM M.			ME						
TREET ADORESS ITY-ST-ZIP	2412 NORT LANE CUSTER WI.54423		SI	REET ADDRESS						
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indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

HGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Lohr, VP & Treasurer 2/11/00

(745) Ph346-6000)