2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90044 031 ***150.00

DOCUMENT # 801960

1. Entity Name

SENTRY INSURANCE A MUTUAL COMPANY

Principal Place of Business	Mailing Address
1800 NORTH POINT DRIVE STEVENS POINT WI 54481-8283	1800 NORTH POINT DRIVE STEVENS POINT WI 54481-1253 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 39-0333950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV O'REILLY, WILLIAM M. 2412 NORT LANE CUSTER WI.54423	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT LOHR, WILLIAM J 5800 REGENT ST STEVENS POINT WI 54481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V AUGUSTINE, HOWARD A 1911 GREEN TREE DR PLOVER WI 54467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / ADDRESS / ST-ZIP	PD SCHUH, DALE R 603 N MAPLE BLUFF COURT STEVENS POINT WI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD	☒ Change ☐ Addition
ADDRESS / ST-ZIP	V BOEHLKE, STEVEN R 5195 EAST MARIA DRIVE STEVENS POINT WI	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Clawson, James C. 3106 Oak Street Stevens Point, WI 54481	☐ Change ☒ Addition
ADDRESS / ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Fagan, Janet L. 654 Ben's Lane Stevens Point, WI 54481	☐ Change ☒ Addition

CR2E034 (9/99)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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.

SIGNATURE: _____ William J. Lohr, VP & Treasurer 2/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(715) 346-6000
Area Code & Daytime Phone Number