

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90149 010 \*\*\*150.00

**DOCUMENT # 801960**

1. Entity Name  
**SENTRY INSURANCE A MUTUAL COMPANY**



Principal Place of Business  
**1800 NORTH POINT DRIVE  
STEVENS POINT WI 54481-8283**

Mailing Address  
**1800 NORTH POINT DRIVE  
STEVENS POINT WI 54481-8283  
US**

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**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                               |                                            |
|------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SV<br>O'REILLY, WILLIAM M.<br>5316 MANCHESTER COURT<br>STEVENS POINT WI 54481 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>LOHR, WILLIAM J<br>5800 REGENT ST<br>STEVENS POINT WI 54481             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>AUGUSTINE, HOWARD A<br>1911 GREEN TREE DR<br>PLOVER WI 54467             | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SCHUH, DALE R<br>603 N MAPLE BLUFF COURT<br>STEVENS POINT WI 54481      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>CLAWSON, JAMES C<br>3106 OAK ST<br>STEVENS POINT WI 54481                | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>FAGAN, JANET L<br>654 BEN'S LANE<br>STEVENS POINT WI 54481               | <input type="checkbox"/> Delete            |

|                                                                              |                                                                              |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1800 North Point Drive                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1800 North Point Drive                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| V<br>LaBelle, Richard T<br>1800 North Point Drive<br>Stevens Point, WI 54481 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1800 North Point Drive                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1800 North Point Drive                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1800 North Point Drive                                                       |                                                                              |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *SIGNATURE REQUIRED* Loehr, VP & Treasurer 3/13/03 (715) 346-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment#

7003124

801960

2003 UNIFORM BUSINESS REPORT

SENTRY INSURANCE A MUTUAL COMPANY

Additional Directors/Officers:

V  
Ashley, Kenneth L.  
1800 North Point Drive  
Stevens Point, WI 54481

D  
Gould, W. Thomas  
1800 North Point Drive  
Stevens Point, WI 54481

V  
Browning, D. Frederick  
1800 North Point Drive  
Stevens Point, WI 54481

D  
Jenkins, Robert H.  
1800 North Point Drive  
Stevens Point, WI 54481

V  
Donnelly, Thomas J.  
1800 North Point Drive  
Stevens Point, WI 54481

D  
Keaton, Charles W.  
1800 North Point Drive  
Stevens Point, WI 54481

V  
Olson, Donald D.  
1800 North Point Drive  
Stevens Point, WI 54481

D  
Lawson, William H.  
1800 North Point Drive  
Stevens Point, WI 54481

V  
Reko, Robert R.  
1800 North Point Drive  
Stevens Point, WI 54481

D  
Pearson, James D.  
1800 North Point Drive  
Stevens Point, WI 54481

V  
Revai, Daniel L.  
1800 North Point Drive  
Stevens Point, WI 54481

D  
Pestillo, Peter J.  
1800 North Point Drive  
Stevens Point, WI 54481

V  
Stitzlein, James D.  
107 Linwood Avenue  
Stevens Point, WI 54481

D  
Starr, Bryan B.  
1800 North Point Drive  
Stevens Point, WI 54481

V  
Taylor, Wallace D.  
1800 North Point Drive  
Stevens Point, WI 54481

D  
Wigdale, James B.  
1800 North Point Drive  
Stevens Point, WI 54481

V  
Weishan, James J.  
1800 North Point Drive  
Stevens Point, WI 54481

D  
Henikoff, Leo M.  
1800 North Point Drive  
Stevens Point, WI 54481

V  
Whittington, Thomas J.  
1800 North Point Drive  
Stevens Point, WI 54481