

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90009 039 \*\*\*150.00

DOCUMENT # 847620

1. Entity Name

HERITAGE MUTUAL INSURANCE COMPANY

Principal Place of Business

2800 S. TAYLOR DRIVE  
PO BOX 58  
SHEBOYGAN WI 53081  
US

Mailing Address

P.O. BOX 58  
PO BOX 58  
SHEBOYGAN WI 53082-0058  
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 39-0491540

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

FLORIDA COMMISSIONER OF INSURANCE  
THE CAPITOL BUILDING  
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, 2001 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          | P                             | <input type="checkbox"/> Delete            |
| NAME           | SALZMANN, BENJAMIN M          |  |
| STREET ADDRESS | 1604 FIELDSTONE LN            |  |
| CITY-ST-ZIP    | HOWARDS GROVE WI 53083        |  |
| TITLE          | TV                            | <input type="checkbox"/> Delete            |
| NAME           | TRESCOTT, HAROLD C            |  |
| STREET ADDRESS | N82 W5593 ORCHARD DR          |  |
| CITY-ST-ZIP    | CEDARBURG, WI                 |  |
| TITLE          | DS                            | <input checked="" type="checkbox"/> Delete |
| NAME           | LOHMANN, RALPH D              |  |
| STREET ADDRESS | 708 MAYFLOWER                 |  |
| CITY-ST-ZIP    | SHEBOYGAN WI                  |  |
| TITLE          | DM                            | <input type="checkbox"/> Delete            |
| NAME           | FEDDERSEN, JAMES A.           |  |
| STREET ADDRESS | 18530 HARVEST LANE            |  |
| CITY-ST-ZIP    | BROOKFIELD WI                 |  |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | FORDNEY, EDWARD CANFIEL       |  |
| STREET ADDRESS | 1922 GRAND AVE. , #43         |  |
| CITY-ST-ZIP    | MANITOWOC WI 54220            |  |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | BILLS, MICHAEL J              |  |
| STREET ADDRESS | PO BOX 1592                   |  |
| CITY-ST-ZIP    | RANCHO SANTA FE CA 92067-1592 |  |

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | DP                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    | Cedarburg, WI 53012       |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | DC                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    | Brookfield, WI 53045      |  |
| TITLE          |                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Fordney, Edward C.        |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    | Rancho Santa Fe, CA 92067 |  |

13. 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:

*Harold C. Trescott* HAROLD C. TRESCOTT

4-19-01

(920) 458-7131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Heritage Mutual Insurance Company #39-0491540

Attachment 831661  
Doc. #847620

Title D  
Name Greenhill, Harold G.  
Street-Address 154 N. Esterly Ave  
City-St-Zip Whitewater, WI 53190

Title DS  
Name Herzfeldt, Donald Crozier  
Street-Address 3309 S. 11th Place  
City-St-Zip Sheboygan, WI 53081

Title D  
Name Nelson, Kenneth O.  
Street-Address 2412 Merida Circle  
City-St-Zip Lady Lake, FL 32159

Title DV  
Name Pauly, David F.  
Street-Address N6322 Killarney Way  
City-St-Zip Plymouth, WI 53073

Title D  
Name Skornicka, Carol  
Street-Address 2810 N. Hackett Ave.  
City-St-Zip Milwaukee, WI 53211

Title D  
Name Steil, Sr., George K.  
Street-Address 2818 Cambridge Court  
City-St-Zip Janesville, WI 53545

Title D  
Name Willis, Robert T.  
Street-Address 2119 N. 6th Street  
City-St-Zip Sheboygan, WI 53081

Title D  
Name Zimmermann, Richard G.  
Street-Address 2025 N. 38th Street  
City-St-Zip Sheboygan, WI 53081

Attachment 831661  
Doc. # 847620

Title D  
Name Zufelt, Weldon V.  
Street-Address 816 Green Tree Road  
City-St-Zip Kohler, WI 53044

Title V  
Name Felchner, Edward L.  
Street-Address 321 St. Clair Avenue  
City-St-Zip Sheboygan, WI 53081

Title V  
Name Loiacono, James J.  
Street-Address 4603 Meadow Lane  
City-St-Zip Slinger, WI 53086

Title V  
Name Murphy, Sheri L.  
Street-Address 1490 Apple Court  
City-St-Zip Port Washington, WI 53074

Title V  
Name Romito, Alan S.  
Street-Address N6685 Riverview Road  
City-St-Zip Plymouth, WI 53073

Title V  
Name Ruffalo, Neal J.  
Street-Address 1113 Bluebird Road  
City-St-Zip Howards Grove, WI 53083

Title V  
Name Sangerl, Ira W.  
Street-Address W2369 Birchwood Drive  
City-St-Zip Sheboygan Falls, WI 53085

Title V  
Name Waldhart, Richard A.  
Street-Address 4713 Scotch Pine Circle  
City-St-Zip Sheboygan, WI 53083

Title V  
Name Warren, Edgar N.  
Street-Address 4850 S. 14th Street  
City-St-Zip Sheboygan, WI 53081