FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 21 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17694 (1)

1. Corporation Name

ALPHA PROPERTY & CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
130 S MAIN ST P O BOX 517 SHAWANO WI 54166	130 S MAIN ST P O BOX 517 SHAWANO WI 54166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/19/1988
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 39-1344101 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	ROHDE, GIL C., JR.	1.2 NAME	Rohde, Gil C., Jr.
STREET ADDRESS	1201 E. ZINGLER AVE.	1.3 STREET ADDRESS	8921 Bennington Court
CITY-ST-ZIP	SHAWANO WI	1.4 CITY-ST-ZIP	Mequon, WI 53092
TITLE	V	2.1 TITLE	TD ☒ Change ☐ Addition
NAME	MURLEY, DON	2.2 NAME	Schneider, Tracy Watchmaker
STREET ADDRESS	305 N. FRANKLIN STREET	2.3 STREET ADDRESS	9285 N. Regent Road
CITY-ST-ZIP	SHAWANO WI	2.4 CITY-ST-ZIP	Bayside, WI 53217
TITLE	VPAS	3.1 TITLE	VPAS ☒ Change ☐ Addition
NAME	CWIK, WAYNE S.	3.2 NAME	Seppel, Paul G.
STREET ADDRESS	1288 S PROSPECT ST	3.3 STREET ADDRESS	410 E. Park Street
CITY-ST-ZIP	SHAWANO WI	3.4 CITY-ST-ZIP	Bonduel, WI 54107
TITLE	VPD	4.1 TITLE	☐ Change ☐ Addition
NAME	DOUCETTE, DANIEL R	4.2 NAME	
STREET ADDRESS	13435 TOSCA CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELM GROVE WI	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GRIEB, ROBERT W	5.2 NAME	
STREET ADDRESS	W178N9757 RIVERSBEND CIRCLE W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN WI	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	RIEDL, DANIEL A.	6.2 NAME	
STREET ADDRESS	4915 W. WOODLAWN	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

715-524-3200

SIGNATURE: Paul G. Seppel Paul G. Seppel, Vice President 3/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400288 FN