

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 847620 (2)

1. Corporation Name

HERITAGE MUTUAL INSURANCE COMPANY



Principal Place of Business

Mailing Address

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

P.O. BOX 58
PO BOX 58
SHEBOYGAN WI 53082-0058
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/03/1980

3a. Date of Last Report

04/28/1995

4. FEI Number

39-0491540

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 ☐ Yes ☒ No

10. Name and Address of New Registered Agent

FLORIDA COMMISSIONER OF INSURANCE
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and then if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD
HOLDEN, JOHN R
2411 N 4TH ST
SHEBOYGAN, WI 00000

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

TV
TRESCOTT, HAROLD C
N82 W5593 ORCHARD DR
CEDARBURG WI

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

DS
LOHMANN, RALPH D
708 MAYFLOWER
SHEBOYGAN WI

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

VD
FEDDERSEN, JAMES A.
18530 HARVEST LANE
BROOKFIELD WI

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

V
TEN HOOR, MELVIN J
2429 CROSS CRK DR
SHEBOYGAN, WI 00000

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

AS
MELANZ, LEONARD E
1636 RIVERDALE AVE
SHEBOYGAN WI

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

Please see attached sheet.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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 in an amendment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

(414) 458-9131

Date

Daytime Phone #

CR2E034 (12/95)

02/05/96

HERITAGE MUTUAL INSURANCE COMPANY

Title	Names of Officers and Directors	Street Address	City and State
D/V	James Andrew Feddersen	18530 Harvest Lane	Milwaukee, WI
D	Edward Canfield Fordney	1208 Tanglewood Road	Manitowoc, WI
D/P	John Robert Holden	2411 North 4th Street	Sheboygan, WI
D/S	Ralph Donald Lohmann	708 Mayflower Avenue	Sheboygan, WI
D	Deborah Holden Morris	1127 West Lill Avenue	Chicago, IL
D	Kenneth Orlando Nelson	336 Coveview Court	Salem, SC
D	George Kenneth Steil, Sr.	431 Apache Drive	Janesville, WI
D	Robert Thomas Willis	2119 North 6th Street	Sheboygan, WI
D	Richard Gerhard Zimmermann	1721 Ridge Road	Sheboygan, WI
AS	Leonard Edward Melanz	1636 Riverdale Avenue	Sheboygan, WI
V	James Paul Thomas	736 Denison Circle	Sheboygan Falls, WI
V	Lee Edgar Norcross	1705 Patricia Circle	Sheboygan, WI
V	David Frank Pauly	N7998 Little Elkhart Lake Road	Elkhart Lake, WI
V	Benjamin Michael Salzmann	1604 Fieldstone Lane	Howards Grove, WI
V	Ira William Sangerl	Route 3, W2369 Birchwood Drive	Sheboygan Falls, WI
V/T	Harold Charles Trescott	N82 W5593 Orchard Drive	Cedarburg, WI
V	James Walter Mitchell	1955 North 5th Street	Sheboygan, WI

Key:

D = Director

AS = Assistant Secretary

P = President

T = Treasurer

S = Secretary

V = Vice President