


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **847620** (2)

1. Corporation 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/03/1980	
4. FEI Number 39-0491540		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**FLORIDA COMMISSIONER OF INSURANCE
THE 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
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	HOLDEN, JOHN R	STREET ADDRESS	2411 N 4TH ST	CITY-ST-ZIP	SHEBOYGAN, WI 00000	<input type="checkbox"/> DELETE
TITLE	TV	NAME	TRESCOTT, HAROLD C	STREET ADDRESS	N82 W5593 ORCHARD DR	CITY-ST-ZIP	CEDARBURG WI	<input type="checkbox"/> DELETE
TITLE	DS	NAME	LOHMANN, RALPH D	STREET ADDRESS	706 MAYFLOWER	CITY-ST-ZIP	SHEBOYGAN WI	<input type="checkbox"/> DELETE
TITLE	VD	NAME	FEDDERSEN, JAMES A.	STREET ADDRESS	18530 HARVEST LANE	CITY-ST-ZIP	BROOKFIELD WI	<input type="checkbox"/> DELETE
TITLE	D	NAME	FORDNEY, EDWARD CANFIEL	STREET ADDRESS	1208 TANGLEWOOD ROAD	CITY-ST-ZIP	MANITOWOC WI	<input type="checkbox"/> DELETE
TITLE	AS	NAME	MELANZ, LEONARD E.	STREET ADDRESS	1638 RIVERDALE AVE	CITY-ST-ZIP	SHEBOYGAN WI	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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.

SIGNATURE: *David C. [Signature]* SR. V.P.-Finance 4/22/98 920-458-9131

CR2E034 (10/97)