

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90150 046 \*\*\*150.00

DOCUMENT # 847620

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1980

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CM ☒ DELETE

NAME HOLDEN, JOHN R

STREET ADDRESS 2411 N 4TH ST

CITY-ST-ZIP SHEBOYGAN, WI 00000

TITLE TV ☐ DELETE

NAME TRESCOTT, HAROLD C

STREET ADDRESS N82 W5593 ORCHARD DR

CITY-ST-ZIP CEDARBURG WI

TITLE DS ☐ DELETE

NAME LOHMANN, RALPH D

STREET ADDRESS 708 MAYFLOWER

CITY-ST-ZIP SHEBOYGAN WI

TITLE VD ☐ DELETE

NAME FEDDERSEN, JAMES A.

STREET ADDRESS 18530 HARVEST LANE

CITY-ST-ZIP BROOKFIELD WI

TITLE D ☐ DELETE

NAME FORDNEY, EDWARD CANFIEL

STREET ADDRESS 1208 TANGLEWOOD ROAD

CITY-ST-ZIP MANITOWOC WI

TITLE AS ☐ DELETE

NAME MELANZ, LEONARD E.

STREET ADDRESS 1636 RIVERDALE AVE

CITY-ST-ZIP SHEBOYGAN WI

1.1 TITLE

P

☒ Change

☐ Addition

1.2 NAME

Benjamin Michael Salzman

1.3 STREET ADDRESS

1604 Fieldstone Lane

1.4 CITY-ST-ZIP

Howards Grove, WI 53083

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

*Harold C. Trescott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

920-458-9131

Daytime Phone #

CR2E034 (1/98)