

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90668 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b>	<b>847620</b>
<b>1. Entity Name</b>	
<b>ACUITY, A MUTUAL INSURANCE COMPANY</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>2800 S. TAYLOR DRIVE</b>	<b>P.O. BOX 58</b>
<b>PO BOX 58</b>	<b>PO BOX 58</b>
<b>SHEBOYGAN WI 53081</b>	<b>SHEBOYGAN WI 53082-0058</b>
<b>US</b>	<b>US</b>

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>4. FEI Number</b>	<b>39-0491540</b>	Applied For
		Not Applicable

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>FLORIDA COMMISSIONER OF INSURANCE</b> <b>THE CAPITOL BUILDING</b> <b>TALLAHASSEE FL 32301</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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.**

<b>SIGNATURE</b>	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALZMANN, BENJAMIN M</b>	NAME	
STREET ADDRESS	<b>1604 FIELDSTONE LN</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOWARDS GROVE WI 53083</b>	CITY-ST-ZIP	
TITLE	TV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRESCOTT, HAROLD C</b>	NAME	
STREET ADDRESS	<b>N82 W5593 ORCHARD DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CEDARBURG WI 53012</b>	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FEDDERSEN, JAMES A.</b>	NAME	
STREET ADDRESS	<b>18530 HARVEST LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BROOKFIELD WI 53045</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORDNEY, EDWARD C</b>	NAME	
STREET ADDRESS	<b>1922 GRAND AVE. , #43</b>	STREET ADDRESS	<b>2319 Knue11 St.</b>
CITY-ST-ZIP	<b>MANITOWOC WI 54220</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BILLS, MICHAEL J</b>	NAME	
STREET ADDRESS	<b>PO BOX 1592</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RANCHO SANTE FE CA 92067</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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.**

<b>SIGNATURE:</b>	<i>Harold C. Trescott, Sr.</i>	<b>DATE</b>	<b>4/23/02</b>	<b>PHONE</b>	<b>920-458-9131</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/01)

ACUITY, a Mutual Insurance Company #39-0491540

Changes

ATTACHMENT  
847620

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

1227 Bluff Rd., Apt 203

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

Remove

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

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

ATTACHMENT  
847620

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

Remove

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

W1853 Bender Road  
Sheboygan, WI 53083

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

Remove

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

Title V  
Name Laura J. Cannestra Conklin  
Street-Address 156 East Park Lane  
City-St-Zip Kohler, WI 53044

Addition

ATTACHMENT  
847620

Title V  
Name James T. Keal  
Street-Address 2722 Lisa Avenue  
City-St-Zip Sheboygan, WI 53083

Addition

Title V  
Name John K. Signer  
Street-Address 130 Long Court  
City-St-Zip Sheboygan, WI 53081

Addition

Title V  
Name Patrick N. Tures  
Street-Address 1055 Kasting Lane  
City-St-Zip Mundelein, IL 60060

Addition