


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90010 044 ***150.00

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # 847620 1. Entity Name ACUITY, A 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 4. FEI Number 39-0491540 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SALZMANN, BENJAMIN M 841 BRIARWOOD CT KOHLER, WI 53044 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TV TRESCOTT, HAROLD C N82 W5593 ORCHARD DR CEDARBURG, WI 53012 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TV SCHULER, WENDY R 5110 REMIKER LANE MANITOWOC WI 54220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC FEDDERSEN, JAMES A. 18530 HARVEST LANE BROOKFIELD, WI 53045 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FORDNEY, EDWARD C 2319 KNUELL ST. MANITOWOC, WI 54220 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BILLS, MICHAEL J PO BOX 1592 RANCHO SANTE FE, CA 92067 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHWALBACH, JOHN F 1077 1B CREEKS CROSS ROAD KOHLER, WI 53044 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KEAL, JAMES T 2722 LISA AVE. SHEBOYGAN, WI 53083 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS HERZFELDT, DONALD C 3309 S 11TH PLACE SHEBOYGAN WI 53081 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Wendy R. Schuler</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Wendy R. Schuler 4-20-04 920-458-9131 Date Daytime Phone # | | | |

Attachments - 847620

Remove

54036830

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

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 Ruffalo, Neal J.
Street-Address 1113 Bluebird Road
City-St-Zip Howards Grove, WI 53083
W1853 Bender Road
Sheboygan, WI 53083

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
281 Settlers Circle
Sheboygan Falls, WI 53085

Attachments - 847620

54036830

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

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

Remove

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

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

508 Sir Howard Circle
Kohler, WI 53044