

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90124 003 \*\*\*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

4. FEI Number **39-0491540**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA COMMISSIONER OF INSURANCE  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **SALZMANN, BENJAMIN M**  
STREET ADDRESS **1604 FIELDSTONE LN**  
CITY-ST-ZIP **HOWARDS GROVE WI 53083**

TITLE ☒ Change ☐ Addition  
NAME **841 Briarwood Court**  
STREET ADDRESS **Kohler, WI 53044**  
CITY-ST-ZIP

TITLE **TV** ☐ Delete  
NAME **TRESCOTT, HAROLD C**  
STREET ADDRESS **N82 W5593 ORCHARD DR**  
CITY-ST-ZIP **CEDARBURG WI 53012**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DC** ☐ Delete  
NAME **FEDDERSEN, JAMES A.**  
STREET ADDRESS **18530 HARVEST LANE**  
CITY-ST-ZIP **BROOKFIELD WI 53045**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FORDNEY, EDWARD C**  
STREET ADDRESS **2319 KNUELL ST.**  
CITY-ST-ZIP **MANITOWOC WI 54220**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BILLS, MICHAEL J**  
STREET ADDRESS **PO BOX 1592**  
CITY-ST-ZIP **RANCHO SANTE FE CA 92067**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **KEAL, JAMES T**  
STREET ADDRESS **2722 LISA AVE.**  
CITY-ST-ZIP **SHEBOYGAN WI 53083**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

Harold C. Trescott

920-458-9131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)