


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 800979 1. Entity Name MIDDLESEX INSURANCE COMPANY	
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Principal Place of Business 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481-8283	Mailing Address 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481-8283 US
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02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-1619070	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	O'REILLY, WILLIAM M.
STREET ADDRESS	1800 NORTH POINT DRIVE
CITY-ST-ZIP	STEVENS POINT, WI 54481
TITLE	CD
NAME	SCHUH, DALE R.
STREET ADDRESS	1800 NORTH POINT DRIVE
CITY-ST-ZIP	STEVENS POINT, WI 54481
TITLE	VD
NAME	FAGAN, JANET L
STREET ADDRESS	1800 NORTH POINT DRIVE
CITY-ST-ZIP	STEVENS POINT, WI 54481
TITLE	TD
NAME	LOHR WILLIAM J
STREET ADDRESS	1800 NORTH POINT DRIVE
CITY-ST-ZIP	STEVENS POINT, WI 54481
TITLE	P
NAME	CLAWSON, JAMES C
STREET ADDRESS	1800 NORTH POINT DRIVE
CITY-ST-ZIP	STEVENS POINT, WI 54481
TITLE	D
NAME	WEISHAN, JAMES J
STREET ADDRESS	1800 NORTH POINT DRIVE
CITY-ST-ZIP	STEVENS POINT, WI 54481

U00000260751
03/12/05-80036-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Lohr, Treasurer 3/7/05 (715) 346-6000

Date

Daytime Phone #