

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90174 046 ****61.25

DOCUMENT # 801414

1. Corporation Name

FEDERATED MUTUAL INSURANCE COMPANY

Principal Place of Business
121 EAST PARK SQUARE
OWATONNA MINNESOTA 55060

Mailing Address
121 EAST PARK SQUARE
OWATONNA MINNESOTA 55060



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
01/26/1921

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
41-0417460

Applied For
Not Applicable

23 City & State

27 City & State

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

24 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BLDG
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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE
NAME **VT STAWARZ, RAYMOND R**
STREET ADDRESS **70 OAK VIEW PLACE**
CITY-ST-ZIP **OWATONNA MN**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D BERGAN, LEONARD V**
STREET ADDRESS **815 MEMORIAL DR**
CITY-ST-ZIP **CROOKSTON MN**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD ANNEXSTAD, ALBERT T**
STREET ADDRESS **669 WOODHILL PLACE**
CITY-ST-ZIP **OWATONNA MN**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S MEILAHN, JAIRUS E**
STREET ADDRESS **795 RIVERWOOD DRIVE**
CITY-ST-ZIP **OWATONNA MN**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD NELSON, KIRK N**
STREET ADDRESS **30 KIRK PLACE**
CITY-ST-ZIP **OWATONNA MN**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **C BUXTON II, C I**
STREET ADDRESS **1143 AUSTIN RD**
CITY-ST-ZIP **OWATONNA MN**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, 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:

SIGNATURE REQUIRED

4/30/99

507-455-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)