FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 826558 (9)

1. Corporation Name

JEWELERS MUTUAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
24 JEWELERS PARK DRIVE P.O. BOX 468 NEENAH WI 54956	24 JEWELERS PARK DRIVE P.O. BOX 468 NEENAH WI 54956

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/30/1971	03/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 39-0493890 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE DEPARTMENT STATE OF FLORIDA
STATE CAPITAL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE
(Signature (typed or printed name) of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	S	☒ Change ☒ Addition
NAME	BLOCK, JED A.	12 NAME	ROBERT TORGERSON	
STREET ADDRESS	18 MARIGOLD COURT	13 STREET ADDRESS	326 MAIN STREET	
CITY-ST-ZIP	APPLETON WI	14 CITY-ST-ZIP	NEENAH WI 54956	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	HARDER, RONALD	22 NAME		
STREET ADDRESS	815 HEATHER LANE	23 STREET ADDRESS		
CITY-ST-ZIP	NEENAH, WI 00000	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	MC GINNIS, WILLIAM WARD	32 NAME		
STREET ADDRESS	1409 WINDMAR DRIVE.	33 STREET ADDRESS		
CITY-ST-ZIP	NEENAH WI	34 CITY-ST-ZIP		
TITLE	C	41 TITLE		☐ Change ☐ Addition
NAME	KERN, RICHARD M	42 NAME		
STREET ADDRESS	1415 PASEO DEL OCASO	43 STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA, CA 00000	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	STOEGBAUER, WILLIAM J	52 NAME		
STREET ADDRESS	1025 EAST FLORIDA STREET	53 STREET ADDRESS		
CITY-ST-ZIP	APPLETON WI	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. Stoegbauer WILLIAM J. STOEGBAUER (414) 725-4326
SIGNATURE AND TYPED OR PRINTED NAME OF VOTING OFFICER OR DIRECTOR Date (Daytime Phone #)

000293 FN