FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **06/30/1971**
3a. Date of Last Report: **03/03/1995**

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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 54957-0468 30 Country

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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	C	☐ Change ☒ Addition
NAME	TORGERSON, ROBERT		1.2 NAME	Donald D. Hamann	
STREET ADDRESS	326 MAIN STREET		1.3 STREET ADDRESS	7600 Pioneer	
CITY-ST-ZIP	NEENAH WI		1.4 CITY-ST-ZIP	Lincoln NE	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARDER, RONALD		2.2 NAME		
STREET ADDRESS	815 HEATHER LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEENAH, WI 00000		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MC GINNIS, WILLIAM WARD		3.2 NAME		
STREET ADDRESS	1409 WINDMAR DRIVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEENAH WI		3.4 CITY-ST-ZIP		
TITLE	C	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KERN, RICHARD M		4.2 NAME		
STREET ADDRESS	1415 PASEO DEL OCASO		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA, CA 00000		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STOEGBAUER, WILLIAM J		5.2 NAME		
STREET ADDRESS	1025 EAST FLORIDA STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	APPLETON WI		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(k), 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 — 2/15/96 — (414) 725-4326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)