

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 27 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

24 JEWELERS PARK DRIVE
P.O. BOX 468
NEENAH WI 54956

Mailing Address

24 JEWELERS PARK DRIVE
P.O. BOX 468
NEENAH WI 54957-0468
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/30/1971

3a. Date of Last Report

02/27/1996

4. FEI Number

39-0493890

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME TORGERSON, ROBERT

STREET ADDRESS 326 MAIN STREET

CITY-ST-ZIP NEENAH WI

TITLE PD ☐ DELETE

NAME HARDER, RONALD

STREET ADDRESS 815 HEATHER LANE

CITY-ST-ZIP NEENAH, WI 00000

TITLE VD ☐ DELETE

NAME MC GINNIS, WILLIAM WARD

STREET ADDRESS 1409 WINDMAR DRIVE.

CITY-ST-ZIP NEENAH WI

TITLE C ☐ DELETE

NAME HAMANN, DONALD D

STREET ADDRESS 7600 PIONEER

CITY-ST-ZIP LINCOLN NE

TITLE T ☐ DELETE

NAME STOEGBAUER, WILLIAM J

STREET ADDRESS 1025 EAST FLORIDA STREET

CITY-ST-ZIP APPLETON WI

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☒ Change ☐ Addition

1.2 NAME TORGERSON, ROBERT

1.3 STREET ADDRESS 3139 WESTFIELD RIDGE

1.4 CITY-ST-ZIP NEENAH WI

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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

2/14/97

(414) 725-4326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/96)