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FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/30/1971

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 24 JEWELERS PARK DRIVE
Suite, Apt. #, etc.

22 City & State
23 NEENAH WI

24 54956-3703 25 US

2a. Mailing Address
26 P O BOX 468
Suite, Apt. #, etc.

27 City & State
28 NEENAH WI

29 54957-0468 30 US

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
NAME TORGERSON, ROBERT
STREET ADDRESS 3139 WESTFIELD RIDGE
CITY-ST-ZIP NEENAH WI

TITLE PD
NAME HARDER, RONALD
STREET ADDRESS 815 HEATHER LANE
CITY-ST-ZIP NEENAH, WI 00000

TITLE VD
NAME MC GINNIS, WILLIAM WARD
STREET ADDRESS 1409 WINDMAR DRIVE.
CITY-ST-ZIP NEENAH WI

TITLE C
NAME HAMANN, DONALD D
STREET ADDRESS 7600 PIONEER
CITY-ST-ZIP LINCOLN NE

TITLE Y
NAME STOEGBAUER, WILLIAM J
STREET ADDRESS 1025 EAST FLORIDA STREET
CITY-ST-ZIP APPLETON WI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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 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 2/13/98 (414) 725-4326

CR2E034 (10/97)