

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-05-1999 90077 047 ***150.00

DOCUMENT # **826558**

1. Corporation Name

JEWELERS MUTUAL INSURANCE COMPANY

Principal Place of Business

**24 JEWELERS PARK DR
NEENAH WI 54956-703
US**

Mailing Address

**P O BOX 468
NEENAH WI 54957-468
US**

2. Principal Place of Business

21 24 JEWELERS PARK DRIVE

Suite, Apt. #, etc.

2a. Mailing Address

26 P O BOX 468

Suite, Apt. #, etc.

22

City & State

23 NEENAH WI

Zip

Country

24 54956-3703 25 USA

27

City & State

28 NEENAH WI

Zip

Country

29 54956-0468 30 USA

9. Name and Address of Current Registered Agent

**INSURANCE DEPARTMENT STATE OF FLORIDA
STATE CAPITAL
TALLAHASSEE FL 32301**

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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 **3139 WESTFIELD RIDGE**
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 **TD** ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

WILLIAM J. STOEGBAUER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/99

Date

(920) 725-2345

Daytime Phone #

CR2E034 (11/98)