

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90301 016 ***150.00

DOCUMENT # 826558

1. Entity Name

JEWELERS MUTUAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

24 JEWELERS PARK DR
 NEENAH WI 54956-3703
 US

P O BOX 468
 NEENAH WI 54956-0468
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-0493890**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TORGERSON, ROBERT 3139 WESTFIELD RIDGE NEENAH WI	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDER, RONALD 815 HEATHER LANE NEENAH WI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MC GINNIS, WILLIAM WARD 1409 WINDMAR DRIVE. NEENAH WI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAMANN, DONALD D 7600 PIONEER LINCOLN NE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD STOEGBAUER, WILLIAM J 1025 EAST FLORIDA STREET APPLETON WI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES T PROSSER 618 O'LEARY NEENAH WI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D PATTI GEOLAT 8601 PARK LANE, UNIT 722 DALLAS TX 75231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAM P HERRBOLD 1030 JACOBSEN ROAD NEENAH WI 54956	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAMES P JORDAN 1321 WHITTIER DRIVE NEENAH WI 54956	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DARIN L KATH 1219 E WYNDMERE DRIVE APPLETON WI 54915	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONNIE L RANK-SMITH W4711 NATURE COURT NEENAH WI 54169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 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

WILLIAM J STOEGBAUER TREASURER 2/15/01 920-725-432

Date

Daytime Phone #

CR2E034 (10/00)

Attachment #
826558

**JEWELERS MUTUAL INSURANCE COMPANY
FLORIDA BUSINESS REPORT (UBR)**

Additions to Officers and Directors:

V
Beverly J. Kargus
4110 N Windcross
Appleton, WI 54913

D
Charles A Lasker
1415 Park Avenue
Eau Claire, WI 54701

V
David J Sexton
964 Stuart Court
Neenah, WI 54956

D
John A Michaels
147 Mansion House Road
Southbury, CT 06488

D
Robert William Barker
7653 East Hartford Drive
Scottsdale, AZ 85255-5843

D
Thomas J Prosser
1028 Surrey Court
Neenah, WI 54956

D
Lee M Berg
10424 South Lakeway Avenue
Baton Rouge, LA 70810

D
Thomas D Silver
611 Kathy Lane
Bartlett, IL 60103

D
Howard M Kilgus
121 Perryville Road
Rehoboth, MA 02769