

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90010 047 ***150.00

DOCUMENT # 826558

1. Entity Name
JEWELERS MUTUAL INSURANCE COMPANY



Principal Place of Business
**24 JEWELERS PARK DR
NEENAH, WI 54956-3703 US**

Mailing Address
**P O BOX 468
NEENAH, WI 54956-0468 US**

34024004



01312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	PROSSER, JAMES T
STREET ADDRESS	618 O'LEARY
CITY-ST-ZIP	NEENAH, WI
TITLE	PD
NAME	HARDER, RONALD
STREET ADDRESS	815 HEATHER LANE
CITY-ST-ZIP	NEENAH, WI
TITLE	CD
NAME	GEOLAT, PATTI
STREET ADDRESS	8601 PARK LANE UNIT 722
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	VTD
NAME	STOEGBAUER, WILLIAM J
STREET ADDRESS	1025 EAST FLORIDA STREET
CITY-ST-ZIP	APPLETON, WI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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

2/16/2004

Date

(920) 725-4326

Daytime Phone #

William J Stoegbauer Vice President & Treasurer

Attachment
826558

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

Officers and Directors:

V

Beverly J. Kargus
4110 N Windcross
Appleton, WI 54913

D

Jonathon J Bridge
2440 Monavista Place W
Seattle, WA 98199

D

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

D

John A Michaels
147 Mansion House Road
Southbury, CT 06488

D

Charles A Lasker
1415 Park Avenue
Eau Claire, WI 54701

V

Darin L Kath, COO
1219 E Wyndmere Dr
Appleton, WI 54915

V

Connie L Rank-Smith
W4711 Nature Court
Neenah, WI 54956

D

Nancee A James
117 Bayview Isle Rd
Islamorada, FL 33036

D

Thomas D Silver
611 Kathy Lane
Bartlett, IL 60103

D

Carl J Rudolph
3513 N Racine Street
Appleton, WI 54911