


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90403 022 ***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 54957-0468
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00012335



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04122006 Chg-P CR2E034 (11/05)

4. FEI Number 39-0493890	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCS KATH, DARIN L 1219 E WYNDMERE DR APPLETON, WI 54915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, COO Kath, Darin L 1219 E Wyndmere Dr. Appleton, WI 54915 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	CEO Harder, Ronald R 815 Heather Lane Neenah, WI 54956 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GEOLAT, PATTI 8601 PARK LANE UNIT 722 DALLAS, TX 75231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT SANDERS, CAROL P E 7471 RED OAK RD FREMONT, WI 54910 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, Corporate Secretary Sanders, Carol P E 7471 Red Oak Rd Fremont, WI 54910 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corp Controller, Treasurer Kinas, Kelly B W4114 Allison Dr Kaukauna, WI 54130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kelly B. Kinas Kelly B Kinas, Treasurer
Corporate Controller Date 4/12/06 920-725-4326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ATTACHMENT
~~509123158~~
~~#836158~~
JEWELERS MUTUAL INSURANCE COMPANY
OFFICERS AND DIRECTORS
DECEMBER 31, 2006

NAME	ADDRESS	POSITION HELD
Michael D. Maley	1220 Garfield Ave. Little Chute, WI 54140	VP - Underwriting
David J. Sexton	964 Stuart Court Neenah, WI 54956	VP-Loss Prevention
Jeffrey A. Mills	3102 E Fall Creek Ln. Appleton, WI 54913	VP - Claims
Connie L. Rank-Smith	W47711 Nature Court Sherwood, WI 54969	VP - Human Resources / Administration
Daniel M. Degner	3113 E Parkside Blvd. Appleton, WI 54915	VP-Sales & Marketing
Wayne S. Cwik	E7982 Weiland Rd. New London, WI 54961	VP - Actuarial
Joel R. Matthies	1131 Whisper Wind Ct. Suamico, WI 54173	VP-Information Services
Robert W. Barker	7653 East Hartford Drive Scottsdale, AZ 85255- 5843	Director
Jonathan J. Bridge	2440 Mont Vista Place Seattle, WA 98199	Director
Charles A. Lasker	1415 Park Avenue Eau Claire, WI 54701	Director
John A. Michaels	147 Mansion House Road Southbury, CT 06488	Director
Thomas D. Silver	611 Kathy Lane Bartlett, IL 60103	Director
Nancee A James	7521 Chesapeake Ave Baltimore, MD 21219	Director

ATTACHMENT

~~500/2355-~~
~~#826558~~

NAME	ADDRESS	POSITION HELD
Carl J Rudolph	3513 N Racine Street Appleton, WI 54911	Director
Hugh G Glenn	870 Fiftieth Avenue, #14E New York, NY 10021	Director