2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State
03-05-2007 90070 044 ***150.00

DOCUMENT # 826558

1. Entity Name
JEWELERS MUTUAL INSURANCE COMPANY

60020981

Principal Place of Business	Mailing Address
24 JEWELERS PARK DR NEENAH, WI 54956-3703 US	P O BOX 468 NEENAH, WI 54956-0468 US

02162007 No Chg-P CR2E034 (11/05)

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCOO
NAME	KATH, DARIN L
STREET ADDRESS	1219 E WYNDMERE DR
CITY-ST-ZIP	APPLETON, WI 54915
TITLE	CEO
NAME	HARDER, RONALD
STREET ADDRESS	815 HEATHER LANE
CITY-ST-ZIP	NEENAH, WI 54956
TITLE	CD
NAME	GEOLAT, PATTI
STREET ADDRESS	8601 PARK LANE UNIT 722
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	CFOS
NAME	SANDERS, CAROL P
STREET ADDRESS	E 7471 RED OAK RD
CITY-ST-ZIP	FREMONT, WI 54910
TITLE	CCT
NAME	KINAS, KELLY B
STREET ADDRESS	W 4114 ALLISON DR
CITY-ST-ZIP	KAUKAUNA, WI 54130
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 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: Carol P. Sanders 2/16/07 920-725-4326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Carol P. Sanders, Corporate Secretary & CFO

ATTACHMENT 60020981
826558

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