

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 847620 (2)

1. Corporation Name

HERITAGE MUTUAL INSURANCE COMPANY

Principal Place of Business

2800 S. TAYLOR DRIVE
PO BOX 58
SHEBOYGAN WI 53082-7058

Mailing Address

2800 S. TAYLOR DRIVE
PO BOX 58
SHEBOYGAN WI 53082-7058

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/03/1980

3a. Date of Last Report
04/29/1994

4. FEI Number
39-0491540

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 has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. **2800 South Taylor Drive**

2a. Mailing Address

26. **P.O. Box 58**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22.

27.

City & State

City & State

23. **Sheboygan, WI**

28. **Sheboygan, WI**

Zip

Country

Zip

Country

24. **53081**

25. **Sheboygan**

29. **53082-0058**

30. **Sheboygan**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA COMMISSIONER OF INSURANCE
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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 607.1504, 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 of the person named as registered agent (Section 607.0505, Florida Statutes)

Signature of the registered agent (Section 607.0505, Florida Statutes)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HOLDEN, JOHN R
STREET ADDRESS	2411 N 4TH ST
CITY, ST, ZIP	SHEBOYGAN, WI 00000
TITLE	TV
NAME	TRESCOTT, HAROLD C
STREET ADDRESS	N82 W5593 ORCHARD DR
CITY, ST, ZIP	CEDARBURG WI
TITLE	DS
NAME	LOHMANN, RALPH D
STREET ADDRESS	708 MAYFLOWER
CITY, ST, ZIP	SHEBOYGAN WI
TITLE	VD
NAME	FEDDERSEN, JAMES A.
STREET ADDRESS	18530 HARVEST LANE
CITY, ST, ZIP	BROOKFIELD WI
TITLE	V
NAME	TEN HOOR, MELVIN J
STREET ADDRESS	2429 CROSS CRK DR
CITY, ST, ZIP	SHEBOYGAN, WI 00000
TITLE	AS
NAME	MELANZ, LEONARD E
STREET ADDRESS	1636 RIVERDALE AVE
CITY, ST, ZIP	SHEBOYGAN WI

1. TITLE	☐ Change ☐ Addition
2. NAME	PLEASE SEE ATTACHED SHEET FOR COMPLETE LIST OF OFFICERS AND DIRECTORS
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information indicated in 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 this corporation or its 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 of this report, or on an attachment with an address.

SIGNATURE:

John R. Holden John R. Holden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1995 (414) 458-9131
(Date) (Telephone Number)

04/05/95

HERITAGE MUTUAL INSURANCE COMPANY

Title	Names of Officers and Directors	Street Address	City and State
D/V	James Andrew Feddersen	18530 Harvest Lane	Milwaukee, WI
D	Edward Canfield Fordney	1208 Tanglewood Road	Manitowoc, WI
D/P	John Robert Holden	2411 North 4th Street	Sheboygan, WI
D/S	Ralph Donald Lohmann	708 Mayflower Avenue	Sheboygan, WI
D	Deborah Holden Morris	1127 West Lill Avenue	Chicago, IL
D	Kenneth Orlando Nelson	336 Coveview Court	Salem, SC
D	George Kenneth Steil, Sr.	431 Apache Drive	Janesville, WI
D	Robert Thomas Willis	2119 North 6th Street	Sheboygan, WI
D	Richard Gerhard Zimmermann	1721 Ridge Road	Sheboygan, WI
AS	Leonard Edward Melanz	1636 Riverdale Avenue	Sheboygan, WI
V	James Paul Thomas	736 Denison Circle	Sheboygan Falls, WI
V	Lee Edgar Norcross	1705 Patricia Circle	Sheboygan, WI
V	David Frank Pauly	N7998 Little Elkhart Lake Road	Elkhart Lake, WI
V	Benjamin Michael Salzmann	1604 Fieldstone Lane	Howards Grove, WI
V	Ira William Sangerl	Route 3, W2369 Birchwood Drive	Sheboygan Falls, WI
V/T	Harold Charles Trescott	N82 W5593 Orchard Drive	Cedarburg, WI
V	Robert Henry Hanlon	2311 North 5th Street	Sheboygan, WI
V	James Walter Mitchell	1955 North 5th Street	Sheboygan, WI

Key:

D = Director

AS = Assistant Secretary

P = President

T = Treasurer

S = Secretary

V = Vice President