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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 847620 (2)

1. Corporation Name
HERITAGE MUTUAL INSURANCE COMPANY

Principal Place of Business

2800 S. TAYLOR DRIVE
PO BOX 58
SHEBOYGAN WI 53081
US

Mailing Address

P.O. BOX 58
PO BOX 58
SHEBOYGAN WI 53082-0058
US



3. Date Incorporated or Qualified

12/03/1980

3a. Date of Last Report

02/26/1996

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. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

FLORIDA COMMISSIONER OF INSURANCE
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.1508, 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 type: a-3 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HOLDEN, JOHN R	
STREET ADDRESS	2411 N 4TH ST	
CITY-ST-ZIP	SHEBOYGAN, WI 00000	
TITLE	TV	☐ DELETE
NAME	TRESCOTT, HAROLD C	
STREET ADDRESS	N82 W5593 ORCHARD DR	
CITY-ST-ZIP	CEDARBURG WI	
TITLE	DS	☐ DELETE
NAME	LOHMANN, RALPH D	
STREET ADDRESS	708 MAYFLOWER	
CITY-ST-ZIP	SHEBOYGAN WI	
TITLE	VD	☐ DELETE
NAME	FEDDERSEN, JAMES A.	
STREET ADDRESS	18530 HARVEST LANE	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	D	☐ DELETE
NAME	FORDNEY, EDWARD CANFIEL	
STREET ADDRESS	1208 TANGLEWOOD ROAD	
CITY-ST-ZIP	MANITOWOC WI	
TITLE	AS	☐ DELETE
NAME	MELANZ, LEONARD E	
STREET ADDRESS	1636 RIVERDALE AVE	
CITY-ST-ZIP	SHEBOYGAN WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Sheboygan, WI 53083
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Cedarburg, WI 53012
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Sheboygan, WI 53083
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Brookfield, WI 53005
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Manitowoc, WI 54220
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Sheboygan, WI 53081

14. I do 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 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 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

David C. Jensen *Harold C. Trescott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-23-97

Daytime Phone #

(414) 458-9131

CR2E034 (9/96)