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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **847620**

1. Corporation Name
HERITAGE MUTUAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
2800 S. TAYLOR DRIVE PO BOX 58 SHEBOYGAN WI 53081 US	P.O. BOX 58 PO BOX 58 SHEBOYGAN WI 53082-0058 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/03/1980

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 39-0491540 ☐ Applied For ☑ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CM	☒ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	HOLDEN, JOHN R		1.2 NAME	Benjamin Michael Salzmann
STREET ADDRESS	2411 N 4TH ST		1.3 STREET ADDRESS	1604 Fieldstone Lane
CITY-ST-ZIP	SHEBOYGAN, WI 00000		1.4 CITY-ST-ZIP	Howards Grove, WI 53083
TITLE	TV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TRESCOTT, HAROLD C		2.2 NAME	
STREET ADDRESS	N82 W5593 ORCHARD DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	CEDARBURG WI		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LOHMANN, RALPH D		3.2 NAME	
STREET ADDRESS	708 MAYFLOWER		3.3 STREET ADDRESS	
CITY-ST-ZIP	SHEBOYGAN WI		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FEDDERSEN, JAMES A.		4.2 NAME	
STREET ADDRESS	18530 HARVEST LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FORDNEY, EDWARD CANFIEL		5.2 NAME	
STREET ADDRESS	1208 TANGLEWOOD ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	MANITOWOC WI		5.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MELANZ, LEONARD E.		6.2 NAME	
STREET ADDRESS	1636 RIVERDALE AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	SHEBOYGAN WI		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harold C Trescott 3-8-99 920-458-9131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #