

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **850421** (9)
1. Corporation Name
CHURCH MUTUAL INSURANCE COMPANY



Principal Place of Business 3000 SCHUSTER LANE MERRILL WI 54452-3172	Mailing Address 3000 SCHUSTER LANE MERRILL WI 54452-3063
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/21/1981		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 39-0712210		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

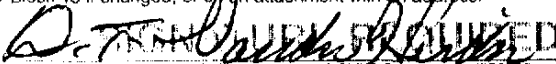
9. Name and Address of Current Registered Agent COMMISSIONER OF INSURANCE CAPITOL BLDG. TALLAHASSEE FL 32302				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, T J	1.2 NAME	
STREET ADDRESS	3000 SCHUSTER LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MERRILL, WISCONSIN 00000	1.4 CITY - ST - ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CLEARY, JOHN F.	2.2 NAME	
STREET ADDRESS	3000 SCHUSTER LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MERRILL, WISCONSIN 00000	2.4 CITY - ST - ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARNHOLTZ, J E	3.2 NAME	
STREET ADDRESS	3000 SCHUSTER LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MERRILL, WISCONSIN 00000	3.4 CITY - ST - ZIP	
TITLE	PCD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NICKEL, D H	4.2 NAME	
STREET ADDRESS	3000 SCHUSTER LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MERRILL, WISCONSIN 00000	4.4 CITY - ST - ZIP	
TITLE	T ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VANDER HEIDEN, DANIEL T.	5.2 NAME	
STREET ADDRESS	3000 SCHUSTER LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MERRILL, WISCONSIN 00000	5.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WILBURN J. WEBER	6.2 NAME	
STREET ADDRESS	N 1418 NORELL DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MERRILL WI	6.4 CITY - ST - ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 715/536-5577

Date Daytime Phone #

CR2E034 (9/96)