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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90112 038 ***150.00

DOCUMENT # 850421

1. Corporation Name
CHURCH MUTUAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
3000 SCHUSTER LANE MERRILL WI 54452-3172	3000 SCHUSTER LANE MERRILL WI 54452-3172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualifed: 09/21/1981

4. FEI Number: 39-0712210 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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 _____ 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	D	☐ 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 WI 54452		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	V	☐ Change ☒ Addition
NAME	MARNHOLTZ, J E		3.2 NAME	Randy J. Brandner	
STREET ADDRESS	3000 SCHUSTER LANE		3.3 STREET ADDRESS	3000 Schuster Lane	
CITY-ST-ZIP	MERRILL, WISCONSIN 00000		3.4 CITY-ST-ZIP	Merrill, WI 54452	
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	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VANDERHEIDEN, DANIEL T		5.2 NAME		
STREET ADDRESS	3000 SCHUSTER LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MERRILL WI 54452		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 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: H. W. Vandenberg, Treasurer — 4/21/99 — 715/536-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)