

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 850421**

1. Entity Name

CHURCH MUTUAL INSURANCE COMPANY**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90716 019 ***150.00

Principal Place of Business

**3000 SCHUSTER LANE
MERRILL WI 54452-3172**

Mailing Address

**3000 SCHUSTER LANE
MERRILL WI 54452-3172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-0712210**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****COMMISSIONER OF INSURANCE
CAPITOL BLDG.
TALLAHASSEE FL 32302**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YOUNG, T J	NAME	
STREET ADDRESS	3000 SCHUSTER LANE	STREET ADDRESS	
CITY-ST-ZIP	MERRILL WI 54452	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLEARY, JOHN F.	NAME	
STREET ADDRESS	3000 SCHUSTER LANE	STREET ADDRESS	
CITY-ST-ZIP	MERRILL, WISCONSIN 00000	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRANDNER, RANDY J	NAME	
STREET ADDRESS	3000 SCHUSTER LANE	STREET ADDRESS	
CITY-ST-ZIP	MERRILL WI 54452	CITY-ST-ZIP	
TITLE	CD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NICKEL, D H	NAME	
STREET ADDRESS	3000 SCHUSTER LANE	STREET ADDRESS	
CITY-ST-ZIP	MERRILL WI	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VANDERHEIDEN, DANIEL T	NAME	
STREET ADDRESS	3000 SCHUSTER LANE	STREET ADDRESS	
CITY-ST-ZIP	MERRILL WI 54452	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILBURN J. WEBER	NAME	
STREET ADDRESS	N 1418 NORELL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MERRILL WI	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *H. W. Vandenberg* **H. W. VANDENBERG, TREASURER**

4/24/01

715/536-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)