2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -9 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 850421

1. Entity 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

04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-0712210

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	VANDENBERG, H.W.
STREET ADDRESS	3000 SCHUSTER LANE
CITY-ST-ZIP	MERRILL, WI 54452
TITLE	S
NAME	CLEARY, JOHN F.
STREET ADDRESS	3000 SCHUSTER LANE
CITY-ST-ZIP	MERRILL, WISCONSIN 00000,
TITLE	V
NAME	BRANDNER, RANDY J
STREET ADDRESS	3000 SCHUSTER LANE
CITY-ST-ZIP	MERRILL, WI 54452
TITLE	CD
NAME	WHITBURN, GERALD
STREET ADDRESS	3000 SCHUSTER LANE
CITY-ST-ZIP	MERRILL, WI 54452
TITLE	V
NAME	VANDERHEIDEN, DANIEL T
STREET ADDRESS	3000 SCHUSTER LANE
CITY-ST-ZIP	MERRILL, WI 54452
TITLE	D
NAME	VANDENBERG, H W
STREET ADDRESS	3000 SCHUSTER LANE
CITY-ST-ZIP	MERRILL, WI 54452

600054684616
05/17/05--01062--007 **150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H.W. Vandenberg TREASURER 04/29/05 (715)536-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #