

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 850421

1. Entity Name
CHURCH MUTUAL INSURANCE COMPANY



Principal Place of Business
**3000 SCHUSTER LANE
MERRILL, WI 54452-3172**

Mailing Address
**3000 SCHUSTER LANE
MERRILL, WI 54452-3172**



04212006 No Chg-P CR2E034 (11/05)

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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05/13/06-80112-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #