

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000003029

1. Entity Name
SENTRY CASUALTY COMPANY



Principal Place of Business
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

Mailing Address
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
88-0119246

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA COMMISSIONER OF INSURANCE
200 E GAINES STREET
TALLAHASSEE, FL 32399

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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, 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 P
NAME CLAWSON, JAMES C
STREET ADDRESS 1800 NORTH POINT DRIVE
CITY-ST-ZIP STEVENS POINT, WI 54481

TITLE VD
NAME FAGAAN, JANET L
STREET ADDRESS 1800 NORTH POINT DRIVE
CITY-ST-ZIP STEVENS POINT, WI 54481

TITLE CD
NAME O'REILLY, WILLIAM M
STREET ADDRESS 1800 NORTH POINT DRIVE
CITY-ST-ZIP STEVENS POINT, WI 54481

TITLE TD
NAME LOHR, WILLIAM J
STREET ADDRESS 1800 NORTH POINT DRIVE
CITY-ST-ZIP STEVENS POINT, WI 54481

TITLE C
NAME SCHUH, DALE R
STREET ADDRESS 1800 NORTH POINT DRIVE
CITY-ST-ZIP STEVENS POINT, WI 54481

TITLE D
NAME WEISHAN, JAMES J
STREET ADDRESS 1800 NORTH POINT DRIVE
CITY-ST-ZIP STEVENS POINT, WI 54481

1100000260761
03/12/05-80036-023 150.00

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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:

William J. Lohr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Lohr, Treasurer 3/7/05 (715) 346-6000

Date

Daytime Phone #