

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90089 014 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 88-0119246	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA COMMISSIONER OF INSURANCE 200 E GAINES STREET TALLAHASSEE, FL 32399			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (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 Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME CLAWSON, JAMES C		TITLE 	NAME 	
STREET ADDRESS 1800 NORTH POINT DRIVE	CITY-ST-ZIP STEVENS POINT, WI 54481		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VD	NAME FAGAAN, JANET L		TITLE 	NAME 	
STREET ADDRESS 1800 NORTH POINT DRIVE	CITY-ST-ZIP STEVENS POINT, WI 54481		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE CD	NAME O'REILLY, WILLIAM M		TITLE SD	NAME O'Reilly, William M.	
STREET ADDRESS 1800 NORTH POINT DRIVE	CITY-ST-ZIP STEVENS POINT, WI 54481		STREET ADDRESS 1800 North Point Drive	CITY-ST-ZIP Stevens Point, WI 54481	
TITLE TD	NAME LOHR, WILLIAM J		TITLE 	NAME 	
STREET ADDRESS 1800 NORTH POINT DRIVE	CITY-ST-ZIP STEVENS POINT, WI 54481		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE C	NAME SCHUH, DALE R		TITLE CD	NAME Schuh, Dale R.	
STREET ADDRESS 1800 NORTH POINT DRIVE	CITY-ST-ZIP STEVENS POINT, WI 54481		STREET ADDRESS 1800 North Point Drive	CITY-ST-ZIP Stevens Point, WI 54481	
TITLE D	NAME WEISHAN, JAMES J		TITLE 	NAME 	
STREET ADDRESS 1800 NORTH POINT DRIVE	CITY-ST-ZIP STEVENS POINT, WI 54481		STREET ADDRESS 	CITY-ST-ZIP 	
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:		William J. Lohr, Treasurer 3/7/06 (715) 346-6000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	