

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** F96000003456

1. Entity Name

SENTRY INSURANCE AGENCY, INC.

Principal Place of Business

1800 NORTH POINT DRIVE

STEVENS POINT, WI 54481-1283

Mailing Address

1800 NORTH POINT DRIVE

STEVENS POINT, WI 54481-1283

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

36-3613807

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALE R. SCHUH 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481-1283	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERT E. REKO 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481-1283	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAM M. O'REILLY 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481-1283	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAM J. LOHR 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481-1283	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANET L. FAGAN 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481-1283	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOC. VICE PRESIDENT KIM C. FOSTER 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481-1283	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

3/23/01

Date

(715)346-6896

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

03-23-2001 90021 033 ***150.00

04-05-2001 90102 032 ***150.00

C0042918

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

Attachment Doc# F96000003456
SENTRY INSURANCE AGENCY, INC. [REDACTED] C 0042918

ADDITIONAL OFFICER:

ASSOCIATE VICE PRESIDENT
MICHAEL W. HADE
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54418-1283