

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 854150

**Entity Name:** SENTRY SELECT INSURANCE COMPANY**Current Principal Place of Business:**1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481**Current Mailing Address:**1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481**FEI Number:** 36-2674180**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name MCPARTLAND, PETER G  
Address 1800 NORTH POINT DRIVE  
City-State-Zip: STEVENS POINT WI 54481

Title DIRECTOR, VP  
Name WILLIAMS, MICHAEL J  
Address 1800 NORTH POINT DRIVE  
City-State-Zip: STEVENS POINT WI 54481

Title P  
Name MILLER, SCOTT A.  
Address 1800 NORTH POINT DRIVE  
City-State-Zip: STEVENS POINT WI 54481

Title TREASURER, DIRECTOR  
Name SCHROEDER, TODD M.  
Address 1800 NORTH POINT DRIVE  
City-State-Zip: STEVENS POINT WI 54481

Title DIRECTOR  
Name MCDONALD, JAMES E.  
Address 1800 NORTH POINT DRIVE  
City-State-Zip: STEVENS POINT WI 54481

Title SECRETARY, DIRECTOR  
Name KOVAC, TIMOTHY K  
Address 1800 NORTH POINT DRIVE  
City-State-Zip: STEVENS POINT WI 54481

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TODD M SCHROEDER**TREASURER****02/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date