

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000004895

**FILED**  
**Jan 06, 2022**  
**Secretary of State**  
**3360421001CC**

**Entity Name:** AMERICAN FAMILY CONNECT INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3500 PACKERLAND DRIVE  
DE PERE, WI 54115

**Current Mailing Address:**

3500 PACKERLAND DRIVE  
DE PERE, WI 54115 US

**FEI Number:** 82-0541142

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 VICE-PRESIDENT  
Name SALEMI, CHRIS M.  
Address 3500 PACKERLAND DRIVE  
City-State-Zip: DE PERE WI 54115

Title DIRECTOR  
Name HOLMAN, DAVID C.  
Address 6000 AMERICAN PKWY  
City-State-Zip: MADISON WI 53783

Title SECRETARY  
Name HOLMAN, DAVID C.  
Address 6000 AMERICAN PKWY  
City-State-Zip: MADISON WI 53783

Title DIRECTOR  
Name KELLY, DANIEL J.  
Address 6000 AMERICAN PKWY  
City-State-Zip: MADISON WI 53783

Title TREASURER/CFO  
Name KELLY, DANIEL J.  
Address 6000 AMERICAN PKWY  
City-State-Zip: MADISON WI 53783

Title PRESIDENT  
Name ALI, SHARENA Z  
Address 3500 PACKERLAND DRIVE  
City-State-Zip: DE PERE WI 54115

Title ASST. SECRETARY  
Name POWELL, LAUREN K  
Address 3500 PACKERLAND DRIVE  
City-State-Zip: DE PERE WI 54115

Title ASST. TREASURER  
Name THEILEN, MARY ANNE  
Address 6000 AMERICAN PARKWAY  
City-State-Zip: MADISON WI 53783

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*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:** LAUREN K POWELL

**ASSISTANT SECRETARY 01/06/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name JENSEN, MICHELLE  
Address 3500 PACKERLAND DRIVE  
City-State-Zip: DE PERE WI 54115

Title DIRECTOR  
Name YANCY, TELISA L  
Address 3500 PACKERLAND DRIVE  
City-State-Zip: DE PERE WI 54115

Title ASST. SECRETARY  
Name ALEXANDROVICH, ASYA  
Address 3500 PACKERLAND DRIVE  
City-State-Zip: DE PERE WI 54115