2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004895

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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	Title	DIRECTOR
Name	HOLEWINSKI, TINA M.	Name	HOLMAN, DAVID C.
Address	3500 PACKERLAND DRIVE	Address	6000 AMERICAN PKWY
City-State-Zip:	DE PERE WI 54115	City-State-Zip:	MADISON WI 53783
Title	SECRETARY	Title	DIRECTOR
Name	HOLMAN, DAVID C.	Name	KELLY, DANIEL J.
Address	6000 AMERICAN PKWY	Address	6000 AMERICAN PKWY
City-State-Zip:	MADISON WI 53783	City-State-Zip:	MADISON WI 53783
Title	TREASURER/CFO	Title	DIRECTOR
Name	KELLY, DANIEL J.	Name	STAUFFACHER, JESSICA J.
Address	6000 AMERICAN PKWY	Address	3500 PACKERLAND DRIVE
City-State-Zip:	MADISON WI 53783	City-State-Zip:	DE PERE WI 54115
Title	PRESIDENT/CEO		
Name	STAUFFACHER, JESSICA J.		
Address	3500 PACKERLAND DRIVE		
City-State-Zip:	DE PERE WI 54115		

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: DAVID C. HOLMAN   SECRETARY   05/28/2020

Electronic Signature of Signing Officer/Director Detail   Date