

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000004895

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

**Current Principal Place of Business:**

6000 AMERICAN PARKWAY  
MADISON, WI 53783

**Current Mailing Address:**

6000 AMERICAN PARKWAY  
MADISON, WI 53783 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 SCHWEITZER, TRACY L  
Address 6000 AMERICAN PKWY  
City-State-Zip: MADISON WI 53783

Title SECRETARY  
Name POWELL, LAUREN K  
Address 6000 AMERICAN PKWY  
City-State-Zip: MADISON WI 53783

Title TREASURER/CFO, DIRECTOR  
Name VAN BEEK, TROY P  
Address 6000 AMERICAN PKWY  
City-State-Zip: MADISON WI 53783

Title PRESIDENT, DIRECTOR  
Name LORION, MICHAEL D  
Address 3500 PACKERLAND DRIVE  
City-State-Zip: DE PERE WI 54115

Title ASST. SECRETARY  
Name FAUST, CODY C  
Address 3500 PACKERLAND DRIVE  
City-State-Zip: DE PERE WI 54115

Title ASST. TREASURER  
Name GRASEE, KARI E  
Address 6000 AMERICAN PARKWAY  
City-State-Zip: MADISON WI 53783

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

**Continues on page 2**

*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

**SECRETARY**

**04/15/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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