

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004895

FILED
Mar 17, 2021
Secretary of State
0063155718CC

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 DIRECTOR
Name STAUFFACHER, JESSICA J.
Address 3500 PACKERLAND DRIVE
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

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

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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 03/17/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. TREASURER
Name VANG, MAY D
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

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