

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000698

**Entity Name:** SFM MUTUAL INSURANCE COMPANY**Current Principal Place of Business:**3500 AMERICAN BLVD W STE 700  
BLOOMINGTON, MN 55431**Current Mailing Address:**3500 AMERICAN BLVD W STE 700  
BLOOMINGTON, MN 55431**FEI Number:** 41-1459789**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 DIRECTOR  
Name HOLT, KAREN  
Address WILSON-MCSHANE CORPORATION  
3001 METRO DRIVE STE 500  
City-State-Zip: BLOOMINGTON MN 55425

Title VP, GENERAL COUNSEL AND  
SECRETARY  
Name BRAY, KATHY  
Address 3500 AMERICAN BLVD W STE 700  
City-State-Zip: BLOOMINGTON MN 55431

Title SR. VP AND COO  
Name KAISER, DAVID E  
Address 3500 AMERICAN BLVD W STE 700  
City-State-Zip: BLOOMINGTON MN 55431

Title DIRECTOR  
Name DIXON, KENT DEAN  
Address 1357 WHITE OAK DRIVE  
City-State-Zip: CHASKA MN 55318

Title DIRECTOR  
Name MCINTYRE, ROBERT F  
Address W160 N7477 THORNWOOD CIRCLE  
City-State-Zip: MENOMONEE FALLS WI 53051

Title PRESIDENT, CEO  
Name MILLER, TERRENCE L  
Address 3500 AMERICAN BLVD W STE 700  
City-State-Zip: BLOOMINGTON MN 55431

Title DIRECTOR  
Name BLADE, MARY ANN  
Address 18615 37TH AVE NORTH  
City-State-Zip: PLYMOUTH MN 55446

Title DIRECTOR  
Name MARS, ROBERT SUMNER III  
Address 15552 SWEETWATER CIRCLE  
City-State-Zip: EDEN PRAIRE MN 55347

**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:** CHRISTOPHER ANDERSON

VP

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BORRMANN, HAROLD E.  
Address 80 WESTERN AVENUE NORTH, # 106  
City-State-Zip: ST. PAUL MN 55102

Title SR. VP  
Name ROGERS, JODY LYNN  
Address 3500 AMERICAN BLVD W STE 700  
City-State-Zip: BLOOMINGTON MN 55431

Title VP  
Name GEBHARD, ANDREW DENNIS  
Address 3500 AMERICAN BLVD W STE 700  
City-State-Zip: BLOOMINGTON MN 55431

Title SR. VP  
Name HAPPE, MICHAEL LAWRENCE  
Address 3500 AMERICAN BLVD W STE 700  
City-State-Zip: BLOOMINGTON MN 55431

Title VP  
Name BENT, BRIAN RODERICK  
Address 3500 AMERICAN BLVD W STE 700  
City-State-Zip: BLOOMINGTON MN 55431

Title DIRECTOR  
Name MOORE, LAURA K  
Address 217 HAMILTON HILLS  
City-State-Zip: MAPLE PLAIN MN 55359

Title VP  
Name ANDERSON, CHRISTOPHER LEE  
Address 3500 AMERICAN BLVD W STE 700  
City-State-Zip: BLOOMINGTON MN 55431

Title SR. VP  
Name APONTE, AMANDA  
Address 3500 AMERICAN BLVD W STE 700  
City-State-Zip: BLOOMINGTON MN 55431

Title VP  
Name KASTING, MARGARET LYNNE  
Address 3500 AMERICAN BLVD W STE 700  
City-State-Zip: BLOOMINGTON MN 55431

Title SR. VP  
Name SANDILLA, STEVEN THOMAS  
Address 3500 AMERICAN BLVD W STE 700  
City-State-Zip: BLOOMINGTON MN 55431

Title VP  
Name HADEDORN, CHAD ARLAN  
Address 3500 AMERICAN BLVD W STE 700  
City-State-Zip: BLOOMINGTON MN 55431

Title DIRECTOR  
Name RADFORD, TERESE A  
Address 613 SUTCLIFF CIRCLE  
City-State-Zip: MENDOTA HEIGHTS MN 55118