

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002071

**Entity Name:** MIDVALE INDEMNITY COMPANY**Current Principal Place of Business:**6000 AMERICAN PARKWAY  
MADISON, WI 53783**Current Mailing Address:**6000 AMERICAN PARKWAY  
MADISON, WI 53783 US**FEI Number:** 36-2705935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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 SECRETARY, DIRECTOR  
Name HOLMAN, DAVID C  
Address 6000 AMERICAN PARKWAY  
City-State-Zip: MADISON WI 53783

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

Title PRESIDENT & CEO  
Name DESANTIS, ANTHONY J  
Address 6000 AMERICAN PARKWAY  
City-State-Zip: MADISON WI 53783

Title CHIEF LEGAL OFFICER  
Name SCAVONGELLI, ANTHONY M  
Address 6000 AMERICAN PARKWAY  
City-State-Zip: MADISON WI 53783

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

Title ASSISTANT TREASURER  
Name THEILEN, MARY A  
Address 6000 AMERICAN PARKWAY  
City-State-Zip: MADISON WI 53783

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

Title DIRECTOR  
Name YANCY, TELISA L  
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 03/03/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                WESTRATE, WILLIAM B  
Address             6000 AMERICAN PARKWAY  
City-State-Zip:    MADISON WI 53783

Title                 ASSISTANT SECRETARY  
Name                ALEXANDROVICH, ASYA S  
Address             6000 AMERICAN PARKWAY  
City-State-Zip:    MADISON WI 53783