### **2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000003140

**Entity Name: AMERICAN FAMILY LIFE INSURANCE COMPANY** 

# **Current Principal Place of Business:**

6000 AMERICAN PARKWAY MADISON. WI 53783

## **Current Mailing Address:**

6000 AMERICAN PARKWAY MADISON. WI 53783

FEI Number: 39-6040365 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

**FILED** Mar 03, 2022

**Secretary of State** 

0798704172CC

#### Officer/Director Detail :

Title	DIRECTOR	Title	ASST. TREASURER
Name	SWALVE, JEFFREY J	Name	THEILEN, MARY A

6000 AMERICAN PARKWAY 6000 AMERICAN PARKWAY Address Address

MADISON WI 53783 MADISON WI 53783 City-State-Zip: City-State-Zip:

Title ASST. SECRETARY Title SECRETARY, DIRECTOR Name POWELL, LAUREN K Name HOLMAN, DAVID C

Address 6000 AMERICAN PARKWAY Address 6000 AMERICAN PARKWAY

MADISON WI 53783 City-State-Zip: City-State-Zip: MADISON WI 53783

Title TREASURER, DIRECTOR Title PRESIDENT, DIRECTOR

Name VAN BEEK, TROY P FANCHER. WILLIAM TODD Name

Address 6000 AMERICAN PARKWAY Address 6000 AMERICAN PARKWAY

City-State-Zip: MADISON WI 53783 City-State-Zip: MADISON WI 53783

Title DIRECTOR Title ASSISTANT SECRETARY

STAUFFACHER, JESSICA J Name ALEXANDROVICH, ASYA S Name 6000 AMERICAN PARKWAY Address 6000 AMERICAN PARKWAY Address City-State-Zip: MADISON WI 53783

MADISON WI 53783 City-State-Zip:

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

Electronic Signature of Signing Officer/Director Detail

03/03/2022 ASSISTANT SECRETARY

Date