

2019 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

Officer/Director Detail :

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

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

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

Title PRESIDENT, DIRECTOR
Name STEFFEN, RICHARD M
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

Title DIRECTOR
Name BENUSA, GERRY W
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

Title SECRETARY, DIRECTOR
Name HOLMAN, DAVID C
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

Title ASST. SECRETARY
Name WENZEL, ANN F
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

Title ASST. TREASURER
Name VANG, MAY D
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: ANN F WENZEL**ASSISTANT SECRETARY** 04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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