

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000003563

Entity Name: AMERICAN FAMILY MUTUAL INSURANCE COMPANY**Current Principal Place of Business:**6000 AMERICAN PARKWAY
MADISON, WI 53783**Current Mailing Address:**6000 AMERICAN PARKWAY
MADISON, WI 53783**FEI Number:** 39-0273710**Certificate of Status Desired:** Yes**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 CHAIRMAN, CEO
Name SALZWEDEL, JACK C
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

Title CHIEF LEGAL OFFICER
Name AFABLE, MARK V
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

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

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

Title CHIEF ADMINISTRATION OFFICER
Name SCHMOEGER, MARY LYNN
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

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

Title DIRECTOR
Name ANDERSON, DAVID R
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

Title DIRECTOR
Name DEWEY, LONDA J
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 01/07/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOWARD, LESLIE A
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

Title DIRECTOR
Name KHURANA, RAKESH
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

Title DIRECTOR
Name MALMGREN, ROBERT S
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

Title DIRECTOR
Name PROTSCH, ELIOT G
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

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

Title DIRECTOR
Name KELLNER, TED D
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

Title DIRECTOR
Name KNETTER, MICHAEL M
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

Title DIRECTOR
Name OLIVER, WALTER M
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

Title DIRECTOR
Name SHAIN, PAUL S
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783

Title DIRECTOR
Name BARCLAY, KATHLEEN S
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783