

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000000379

**Entity Name:** WESTERN NATIONAL MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

4700 WEST 77TH ST  
EDINA, MN 55435-4818

**Current Mailing Address:**

P.O. BOX 1463  
MINNEAPOLIS, MN 55440-1463 US

**FEI Number: 41-0430825**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 C  
Name MCFARLAND, STEPHEN J  
Address 247 LOGISTICS, 247 MONTROE ST  
City-State-Zip: N HUDSON WI

Title PVC  
Name HENDERSON, STUART C  
Address 4700 WEST 77TH STREET  
City-State-Zip: EDINA MN 55435

Title VP  
Name LONG, RICHARD E  
Address 4700 WEST 77TH ST  
City-State-Zip: EDINA MN 55435-4818

Title S  
Name HEBEISEN, JON R  
Address 4700 WEST 77TH ST  
City-State-Zip: EDINA MN 55435-4818

Title T  
Name CORNING, PETER H  
Address 4700 WEST 77TH ST  
City-State-Zip: EDINA MN 55435-4818

Title D  
Name COONEY, KATHLEEN M  
Address 7833 WEST 96TH STREET  
City-State-Zip: MINNEAPOLIS MN 55438

Title D  
Name JOHNSON, PAUL A  
Address 401 NICOLLET MALL  
4TH FLOOR  
City-State-Zip: MINNEAPOLIS MN 55401

Title D  
Name O'LEARY, KAYE  
Address 935 LAKE STREET EAST  
UNIT 405  
City-State-Zip: WAYZATA MN 55391

**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: JON R. HEBEISEN**

**VP**

**04/06/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name DITMORE, ROBERT R  
Address 16740 JACANA COURT  
City-State-Zip: LAKEVILLE MN 55044

Title OFF  
Name KALINA, RICHARD B  
Address 4700 WEST 77TH ST  
City-State-Zip: EDINA MN 55435-4818

Title OFF  
Name COUCHMAN, JEFFREY J  
Address 4700 WEST 77TH ST  
City-State-Zip: EDINA MN 55435-4818