

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000000379

FILED
Mar 28, 2022
Secretary of State
4998540996CC

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 VC
Name HENDERSON, STUART C
Address 4290 CIRCLE ROAD
City-State-Zip: EXCELSIOR MN 55331

Title CEO, PRESIDENT
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 7612 SOUTH BAY CIRCLE
City-State-Zip: BLOOMINGTON MN 55438

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

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

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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: JON HEBEISEN

**GENERAL COUNSEL &
SECRETARY**

03/28/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name QUELLO, DAVID J
Address 4841 W 64TH STREET
City-State-Zip: EDINA MN 55435-4818

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

Title DIRECTOR
Name KRAY, JENNIFER M
Address 5140 YELLOWSTONE LN. N
City-State-Zip: PLYMOUTH MN 55446