

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 14, 2020
Secretary of State
2670939994CC

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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 KAPANKE, JOHN G
Address 1928 JAMES AVENUE SOUTH
City-State-Zip: MINNEAPOLIS MN 55403

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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

SECRETARY GENERAL 01/14/2020
COUNSEL

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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 D
Name PESCH, MICHAEL J
Address 720 4TH AVENUE SOUTH
City-State-Zip: ST COUD MN 56301

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

Title OFF
Name BRAUN, MICHAEL R
Address 4700 WEST 77TH ST
City-State-Zip: EDINA MN 55435-4818