

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21193

**Entity Name:** WYSH LIFE AND HEALTH INSURANCE COMPANY

**FILED**  
**Apr 30, 2022**  
**Secretary of State**  
**4708738280CC**

**Current Principal Place of Business:**

720 EAST WISCONSIN AVENUE  
MILWAUKEE, WI 53202

**Current Mailing Address:**

720 E WISCONSIN AVE  
MILWAUKEE, WI 53202 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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 SECRETARY  
Name FRASHER, JAMES  
Address 720 WISCONSIN AVENUE  
City-State-Zip: MILWAUKEE WI 53202

Title VP  
Name GAWART, CHRIS K  
Address 720 WISCONSIN AVENUE  
City-State-Zip: MILWAUKEE WI 53202

Title VP  
Name KROPP, ROSANNE L  
Address 720 WISCONSIN AVENUE  
City-State-Zip: MILWAUKEE WI 53202

Title DIRECTOR  
Name DEGUIRE, ANDREW J  
Address 720 WISCONSIN AVENUE  
City-State-Zip: MILWAUKEE FL 53202

Title DIRECTOR, VP, TREASURER  
Name JONES, TODD M  
Address 720 WISCONSIN AVENUE  
City-State-Zip: MILWAUKEE WI 53202

Title DIRECTOR  
Name ROBERTS, JOHN C.  
Address 720 WISCONSIN AVENUE  
City-State-Zip: MILWAUKEE WI 53202

Title DIRECTOR  
Name ROOU, TAMMY M  
Address 720 WISCONSIN AVENUE  
City-State-Zip: MILWAUKEE WI 53202

Title DIRECTOR, VP  
Name KLAWONN, JASON T  
Address 720 WISCONSIN AVENUE  
City-State-Zip: MILWAUKEE WI 53202

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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: JAMES FRASHER**

**SECRETARY**

**04/30/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            GOKHALE, ADITI J.  
Address        720 EAST WISCONSIN AVENUE  
City-State-Zip: MILWAUKEE WI 53202