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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

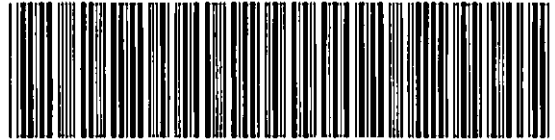
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2018 AUG 27 AM 10:45

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T. CLINE

AUG 28 2018

EXAMINER



THE SILVER LINING®

August 21, 2018

DIVISION OF CORPORATIONS
ATTN: TAMMI CLINE
PO BOX 6327
TALLAHASSEE, FL 32314

RE: Application of Foreign Corporation for Authorization

West Bend Mutual Insurance Company

FEIN—39-0698170

NAIC Company Code—15350

UCAA Tracking Number—102701

Dear Tammi:

Please see our enclosed resubmission of the "Application by Foreign Corporation for Authorization to Transact Business in Florida". We have added a few additional documents to address the shortcomings you had mentioned in your return letter to us.

Enclosed: "Application by Foreign Corporation for Authorization to Transact Business in Florida", Copy of \$70 Check, your letter of deficiency, Certificate of Compliance from the state of Wisconsin, copy of our communication with the Florida Office of Insurance Regulation.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Juli Benedum". The signature is fluid and cursive, with a long horizontal stroke at the end.

Juli Benedum

Senior Attorney

West Bend Mutual Insurance Company

1900 S 18th Avenue

West Bend, Wisconsin 53095

JBenedum@wbmi.com

(262) 365-2828

2018 AUG 27 AM 10:45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2018

JULI BENEDUM
1900 SOUTH 18TH AVENUE
WEST BEND, WI 53095

SUBJECT: WEST BEND MUTUAL INSURANCE COMPANY
Ref. Number: W18000073855

2018 AUG 27 10:10:45

We have received your document for WEST BEND MUTUAL INSURANCE COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 628.091, Florida Statutes, approval must be obtained from the Department of Financial Services. Approval may be obtained from:

Department of Financial Services
200 E. Gaines St.
Tallahassee, FL 32399
850-413-2575

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline
Regulatory Specialist III

Letter Number: 918A00016828



REC-110
2018 AUG 27 AM 11:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: West Bend Mutual Insurance Company
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Juli Benedum
Name of Person

West Bend Mutual Insurance Company
Firm/Company

1900 South 18th Avenue
Address

West Bend, WI 53095
City/State and Zip code

JBenedum@wbmi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juli Benedum at (262) 365-2828
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

West Bend Mutual Insurance Company

1. _____
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin 3. 39-0698170
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/13/1894 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1900 South 18th Avenue, West Bend, WI 53095
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jimmy Patronis (Florida Chief Financial Officer)

Office Address: Department of Financial Services
200 East Gaines Street
Tallahassee, Florida 32399-0301
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's acceptance is conditional on Certificate of Authority with Florida.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS See Attached

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS See Attached

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Christopher C. Zwygart

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Christopher C. Zwygart

(Typed or printed name and capacity of person signing application)



THE SILVER LINING®

Directors and Officers Attachment

Business Address for all Directors and Officers:
1900 South 18th Avenue, West Bend, WI 53095

Directors

Curt Culver – Lead Director

Jim Bolton

Katherine Gehl

Beth Neuhoff

Gary Poliner

Douglas Reuhl

Ken Reisch

Jim Schloemer

Rick Searer

Peter Ziegler

Officers

Kevin Steiner – President/CEO

Christopher Zwygart – Secretary/Vice President

Heather Dunn – Treasurer/Vice President

Gary Alexander – Vice President

Debra Cahoon – Assistant Vice President

Amy Campbell – Assistant Vice President

David Ertmer – Vice President

Mike Faley – Senior Vice President

Richard Fox – Senior Vice President

Joy Hazelwood – Assistant Vice President

Robert Jacques – Vice President

Michael Kapfer – Assistant Vice President

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THE SILVER LINING®

Jim Keal – Vice President

Gary Klein – Vice President

Kent Lawson – Assistant Vice President

Murali Natarajan – Senior Vice President

David Netrum – Assistant Vice President

John Reyzer – Vice President

Jason Schaufenbuel – Assistant Vice President

James Schwalen – Vice President

Kelly Tighe – Vice President

Derek Tyus – Vice President

2023 AUG 27 AM 10:45

EL



Certificate of Compliance State of Wisconsin

Office of the Commissioner of Insurance

As of This Date: **July 27, 2018**

As Commissioner of Insurance of the State of Wisconsin I have supervision of insurance business and as such hereby certify that:

West Bend Mutual Insurance Company

Domicile State: Wisconsin

Is duly authorized to transact the business of:

- Aircraft
- Automobile
- Disability Insurance
- Fidelity Insurance
- Fire, Inland Marine and Other Property Insurance
- Liability and Incidental Medical Expense Insurance (other than automobile)
- Miscellaneous
- Ocean Marine Insurance
- Surety Insurance
- Workers Compensation Insurance

IN TESTIMONY WHEREOF, I have hereunto set my hand.

A stylized, handwritten signature in black ink, likely belonging to the Commissioner of Insurance.

Commissioner of Insurance