

# F24000001368

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## FOREIGN PROFIT/NONPROFIT CORPORATION WEST BEND INSURANCE COMPANY

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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## 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.*

1. WEST BEND INSURANCE COMPANY  
(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. WI 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/13/1894 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. upon filing  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1900 S 18th Avenue, West Bend, Wisconsin 53095  
(Principal office street address)  
  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Chief Financial Officer  
Office Address: Department of Financial Services, 200 E Gaines St.  
Tallahassee FL 32399  
(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.*

By: Denise Bell Denise Bell, Assistant Secretary  
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

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## A. DIRECTORS

☐ Chairman Name: Robert Jacques  
☐ Vice Chairman Address: 1900 South 18th Avenue  
☒ Director West Bend, WI 53095  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: Christopher Zwygart  
☐ Vice Chairman Address: 1900 South 18th Avenue  
☒ Director West Bend, WI 53095  
☐ President  
☐ Vice President  
☒ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: Heather Dunn  
☐ Vice Chairman Address: 1900 South 18th Avenue  
☒ Director West Bend, WI 53095  
☐ President  
☐ Vice President  
☐ Secretary ☒ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: Richard Fox  
☐ Vice Chairman Address: 1900 South 18th Avenue  
☒ Director West Bend, WI 53095  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: David Ermer  
☐ Vice Chairman Address: 1900 South 18th Avenue  
☒ Director West Bend, WI 53095  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.817.135, F.S.

13. Christopher C. Zwygart, Secretary  
(Typed or printed name and capacity of person signing application)



Wisconsin Office of the  
**COMMISSIONER**  
**OF INSURANCE**

## ***Certificate of Compliance***

As of This Date: **January 23, 2024**

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

**West Bend 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 handwritten signature in black ink, appearing to read "J. H. Hall", written over a horizontal line.

Commissioner of Insurance