

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000082674

**Entity Name:** AMERICAN FAMILY INSURANCE INC.

**Current Principal Place of Business:**

867 W BLOOMINGDALE AVE STE 7015  
BRANDON, FL 33508

**Current Mailing Address:**

867 W BLOOMINGDALE AVE STE 7015  
BRANDON, FL 33508 US

**FEI Number:** 36-4879453

**Certificate of Status Desired:** No

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

GRUENBAUM, LOURDES  
867 W BLOOMINGDALE AVE STE 7015  
BRANDON, FL 33508 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 P  
Name GRUENBAUM, LOURDES  
Address 867 W BLOOMINGDALE AVE STE 7015  
City-State-Zip: BRANDON FL 33508

*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:** LOURDES GRUENBAUM

PRESIDENT

01/29/2024

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

\_\_\_\_\_ Date