

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801414

Entity Name: FEDERATED MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

121 EAST PARK SQUARE
OWATONNA, MN 55060

Current Mailing Address:

121 EAST PARK SQUARE
OWATONNA, MN 55060

FEI Number: 41-0417460

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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 CHAIRMAN, DIRECTOR
Name FETTERS, JEFFREY E
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title DIRECTOR
Name FRAME, DAVID
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title CFO, DIRECTOR, SECRETARY,
TREASURER
Name KELLER, MICHAEL
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title DIRECTOR, CEO
Name KERR, MICHAEL
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title DIRECTOR
Name LIPSCOMB, JAMES III
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title DIRECTOR
Name GIESLER, JAMES
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title VP
Name LOWER, NICHOLAS
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title DIRECTOR
Name PERSON, SARAH
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

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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: MICHAEL KELLER

CFO

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MILLER, DARLENE
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title OFFICER
Name HEYNE, MARK
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title DIRECTOR
Name CLARKE, CAMELIA
Address N61W12868 RIVER HEIGHTS COURT
City-State-Zip: MENOMONEE FALLS WI 53051

Title DIRECTOR
Name NOBBE, THOMAS
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title OFFICER
Name PICK, SEAN
Address 121 EAST PARK SQUARE
City-State-Zip: OWATONNA MN 55060

Title DIRECTOR
Name COURTER, JASON
Address 2303 88TH PLACE NE
City-State-Zip: CLYDE HILL WA 98004