

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000003981

Entity Name: WEST BEND MUTUAL INSURANCE COMPANY**Current Principal Place of Business:**1900 SOUTH 18TH AVENUE
WEST BEND, WI 53095**Current Mailing Address:**1900 SOUTH 18TH AVENUE
WEST BEND, WI 53095 US**FEI Number:** 39-0698170**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name BOLTON, JAMES
Address 1900 SOUTH 18TH AVENUE
City-State-Zip: WEST BEND WI 53095

Title DIRECTOR
Name CULVER , CURT S
Address 1900 SOUTH 18TH AVENUE
City-State-Zip: WEST BEND WI 53095

Title TREASURER
Name DUNN, HEATHER
Address 1900 SOUTH 18TH AVENUE
City-State-Zip: WEST BEND WI 53095

Title DIRECTOR
Name KREH, SUSAN
Address 1900 SOUTH 18TH AVENUE
City-State-Zip: WEST BEND WI 53095

Title DIRECTOR
Name NEUHOFF, ELIZABETH RUSSELL
Address 1900 SOUTH 18TH AVENUE
City-State-Zip: WEST BEND WI 53095

Title DIRECTOR
Name REUHL, DOUGLAS G
Address 1900 SOUTH 18TH AVENUE
City-State-Zip: WEST BEND WI 53095

Title DIRECTOR
Name RIESCH , KENNETH P
Address 1900 SOUTH 18TH AVENUE
City-State-Zip: WEST BEND WI 53095

Title DIRECTOR
Name SCHLOEMER , JAMES H.
Address 1900 SOUTH 18TH AVENUE
City-State-Zip: WEST BEND WI 53095

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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: ZWYGART CHRIS**SECRETARY****04/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SEARER, RICK
Address 1900 SOUTH 18TH AVENUE
City-State-Zip: WEST BEND WI 53095

Title DIRECTOR, PRESIDENT
Name STEINER, KEVIN
Address 1900 SOUTH 18TH AVENUE
City-State-Zip: WEST BEND WI 53095

Title DIRECTOR
Name VAN CLEAVE, JULIE
Address 1900 SOUTH 18TH AVENUE
City-State-Zip: WEST BEND WI 53095

Title DIRECTOR
Name SEKELSKY, JAY
Address 1900 SOUTH 18TH AVENUE
City-State-Zip: WEST BEND WI 53095

Title SECRETARY
Name ZWYGART, CHRIS
Address 1900 SOUTH 18TH AVENUE
City-State-Zip: WEST BEND WI 53095

Title VP
Name TYUS,, DEREK
Address 1900 SOUTH 18TH AVENUE
City-State-Zip: WEST BEND WI 53095