# 2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000003981

# Entity Name: WEST BEND MUTUAL INSURANCE COMPANY

## Current Principal Place of Business:

1900 S 18TH AVENUE WEST BEND, WI 53095

## **Current Mailing Address:**

1900 S 18TH AVENUE WEST BEND, WI 53095 US

# FEI Number: 39-0698170

## 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

# **Officer/Director Detail :**

|  | Title           | DIRECTOR           | Title           | DIRECTOR           |
|--|-----------------|--------------------|-----------------|--------------------|
|  | Name            | BOLTON, JAMES      | Name            | FRITZ, DAVID       |
|  | Address         | 1900 S 18TH AVENUE | Address         | 1900 S 18TH AVENUE |
|  | City-State-Zip: | WEST BEND WI 53095 | City-State-Zip: | WEST BEND WI 53095 |
|  |                 |                    |                 |                    |
|  | Title           | TREASURER          | Title           | PRESIDENT          |
|  | Name            | DUNN, HEATHER      | Name            | JACQUES, ROB       |
|  | Address         | 1900 S 18TH AVENUE | Address         | 1900 S 18TH AVENUE |
|  | City-State-Zip: | WEST BEND WI 53095 | City-State-Zip: | WEST BEND WI 53095 |
|  |                 |                    |                 |                    |
|  | Title           | SECRETARY          |                 |                    |
|  | Name            | ZWYGART, CHRIS     |                 |                    |
|  | Address         | 1900 S 18TH AVENUE |                 |                    |
|  | City-State-Zip: | WEST BEND WI 53095 |                 |                    |

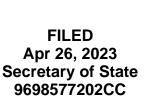
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

### SIGNATURE: CHRIS ZWYGART

SECRETARY

04/26/2023 Date

Electronic Signature of Signing Officer/Director Detail



Date

Certificate of Status Desired: No