

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**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 S 18TH AVENUE
City-State-Zip:	WEST BEND WI 53095

Title	DIRECTOR
Name	FRITZ, DAVID
Address	1900 S 18TH AVENUE
City-State-Zip:	WEST BEND WI 53095

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

Title	PRESIDENT
Name	JACQUES, ROB
Address	1900 S 18TH AVENUE
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**_____
Electronic Signature of Signing Officer/Director Detail_____
Date