2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000003159

Entity Name: CHIRON INSURANCE COMPANY

Current Principal Place of Business:

808 HWY 18 W
ALGONA, IA 50511

Current Mailing Address:

P.O. BOX 370
ALGONA, IA 50511 US

FEI Number: 42-1507676

FILED
Mar 13, 2025
Secretary of State
5448428448CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399 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: NOT REQUIRED 03/13/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY, VP
Name	TESNI, KRISTI V
Address	808 HWY 18 W
City-State-Zip:	ALGONA IA 50511

Title	TREASURER, CFO
Name	HEDGES, WILLIAM
Address	808 HWY 18 W
City-State-Zip:	ALGONA IA 50511

Title	CHAIRMAN, DIRECTOR
Name	SUTTER, SUSAN L
Address	808 HWY 18 W
City-State-Zip:	ALGONA IA 50511

Title	PRESIDENT, CEO
Name	PEARCE, T. AARON
Address	808 HWY 18 W
City-State-Zip:	ALGONA IA 50511

Title	DIRECTOR
Name	GRETHER, JONATHAN C
Address	808 HWY 18 W
City-State-Zip:	ALGONA IA 50511

Title	SVP SALES
Name	RAKERS, BRIAN J.
Address	808 HWY 18 W
City-State-Zip:	ALGONA IA 50511

Title	SVP COMMERCIAL UNDERWRITING
Name	VANOTTERLOO, ALISON A
Address	808 HWY 18 W
City-State-Zip:	ALGONA IA 50511

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: KRISTI V. TESNI SECRETARY 03/13/2025

Electronic Signature of Signing Officer/Director Detail — Date