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AMD

Michael G. Adams
 Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
 MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
 P.O. Box 718
 Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Amended Certificate of Authority
 (Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is: ☒ profit corporation nonprofit corporation.
 ☐ professional service corporation business trust
 ☐ limited liability company limited partnership
 ☐ professional limited liability company statutory trust
 ☐ limited cooperative association non-profit LLC
 ☐ other
2. The name of the company is: West Bend Mutual Insurance Company
 (The name must be identical to the name on record with the Secretary of State.)
3. It is an entity organized and existing under the laws of the state or country of Wisconsin
4. The entity received authority to transact business in Kentucky on 03/30/2021
5. The entity has changed its (check all that apply)
 - ☒ Domicile name to West Bend Insurance Company
 - Name to be used in Kentucky to _____
 - Jurisdiction of organization to _____
 - Period of duration _____
 - Form of organization _____
 - Management type: Member managed Manager managed
6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

<u>Christopher C. Zwygart</u>	Christopher C. Zwygart	Director and Secretary	3/15/2024
Signature of Authorized Representative	Printed Name	Title	Date