FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 16 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 817192 (8)

1. Corporation Name
WISCONSIN NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2801 HIGHWAY 280 SOUTH P O BOX 740 BIRMINGHAM AL 35223 US	P.O. BOX 2606 ~~P O BOX 740~~ BIRMINGHAM AL 35202 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/1963	3a. Date of Last Report: 02/24/1994
4. FEI Number: 39-0714280	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MASSENGALE, JIM E	1.2 NAME	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	
TITLE	SVTD	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, A.S. I	2.2 NAME	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	
TITLE	CFOD	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNS, JOHN D	3.2 NAME	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, JOHN K	4.2 NAME	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	SVD	5.1 TITLE	☐ Change ☐ Addition
NAME	STUENKEL, WAYNE E	5.2 NAME	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BENTLEY, ORMOND L	6.2 NAME	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John K. Wright 3-8-95 (205) 868-3581
SIGNATURE AND NAME OF PERSON OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN K. WRIGHT, Secretary

03d4330 CP