

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P22147**
 1. Corporation Name
United Wisconsin Life Insurance Company

Principal Place of Business Mailing Address
3100 AMS Boulevard **3100 AMS Boulevard**
Green Bay, WI 54313 **Green Bay, WI 54313**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 3100 AMS Boulevard		26 3100 AMS Boulevard		12/16/1988	1/23/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Green Bay, WI		28 Green Bay, WI		86-0207231	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
54313	Brown	54313	Brown	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Prentice Hall Corporation System, Inc. 1201 Hays St., Suite 105 Tallahassee, FL 32301				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Prentice Hall Corporation System, Inc. 1201 Hays St., Suite 105 Tallahassee, FL 32301				81 Name	CT Corporation System
				82 Street Address (P.O. Box Number is Not Acceptable)	1200 South Pine Island Road
				83	
				84 City	Plantation
				85 Zip Code	FL 33324

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 *Francis P. Regan* **Asst. Secretary (Francis P. Regan)** **5-19-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	*See Attached*
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	500002207915
STREET ADDRESS		6.3 STREET ADDRESS	-06/10/97--01081--014
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***550.00

14. I do hereby certify that the information supplied with this filing 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: *Timothy L. Day* **Timothy L. Day** **5/14/97** **414-661-1111**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

United Wisconsin Life Insurance Company

Officers and Directors

As of 3/3/97

President and Director	Samuel V. Miller 3100 AMS Boulevard Green Bay, WI 54313
Executive Vice President and Director	Edward R. Skoldberg 3100 AMS Boulevard Green Bay, WI 54313
Executive Vice President and Director	Mark H. Granoff 401 W. Michigan Street Milwaukee, WI 53203
Vice President and Director	Roger A. Formisano 401 W. Michigan Street Milwaukee, WI 53203
Vice President and Director	C. Edward Mordy 401 W. Michigan Street Milwaukee, WI 53203
Vice President, Secretary & Director	Timothy J. Moore 3100 AMS Boulevard Green Bay, WI 54313
Treasurer and Director	Gail L. Hanson 401 W. Michigan Street Milwaukee, WI 53203
Vice President & Asst. Treasurer	Timothy L. Day 3100 AMS Boulevard Green Bay, WI 54313