

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22147 (3)
 1. Corporation Name
UNITED WISCONSIN LIFE INSURANCE COMPANY



Principal Place of Business 3100 AMS BLVD. GREEN BAY WI 54313	Mailing Address 3100 AMS BLVD. GREEN BAY WI 54313
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1988	
21	26	4. FEI Number 86-0207231		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	28	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	25	29	30		
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MILLER, SAMUEL	1.1 TITLE	EVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3100 AMS BLVD.	1.2 NAME	Mark H. Granoff
STREET ADDRESS	GREEN BAY WI 54313	1.3 STREET ADDRESS	401 W. Michigan Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Milwaukee, WI 53203
TITLE	EVPD <input type="checkbox"/> DELETE	2.1 TITLE	VPAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKOLDBERG, EDWARD	2.2 NAME	Gary D. Guengerich
STREET ADDRESS	3100 AMS BLVD.	2.3 STREET ADDRESS	3100 AMS Boulevard
CITY-ST-ZIP	GREEN BAY WI 54313	2.4 CITY-ST-ZIP	Green Bay, WI 54313
TITLE	VPSD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, TIMOTHY.	3.2 NAME	Gail Hanson
STREET ADDRESS	3100 AMS BLVD.	3.3 STREET ADDRESS	401 W. Michigan Street
CITY-ST-ZIP	GREEN BAY WI 54313	3.4 CITY-ST-ZIP	Milwaukee, WI 53203
TITLE	VPAT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, TIMOTHY	4.2 NAME	
STREET ADDRESS	3100 AMS BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN BAY WI 54313	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANOFF, MARK H	5.2 NAME	
STREET ADDRESS	401 W. MICHIGAN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	5.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMISANO, ROGER	6.2 NAME	
STREET ADDRESS	401 W. MICHIGAN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* Gary D. Guengerich 4-23-98 920-1411-1111

CR2E034 (10/97)