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Apr 04 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 # 809250 (4)
1. Corporation Name
THE OLD LINE LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business Mailing Address
707 NORTH 11TH STREET 707 NORTH 11TH STREET
MILWAUKEE WISCONSIN 53233 MILWAUKEE WISCONSIN 53233-2308

3. Date Incorporated or Qualified 03/09/1953 3a. Date of Last Report 03/27/1996
4. FEI Number 39-0515140 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

GOLDBERG, J.
REGENCY INS ASSOC INC.
9690 NW 41ST ST.
MIAMI FL 33152

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GRIFIN, JAMES A.		1.2 NAME	SIMPSON, WILLIAM A.			
STREET ADDRESS	707 N. 11 ST.		1.3 STREET ADDRESS	707 N. 11 ST.			
CITY-ST-ZIP	MILWAUKEE WI		1.4 CITY-ST-ZIP	MILWAUKEE, WI 53233			
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NAUTA, DALE H.		2.2 NAME	NAUTA, DALE H.			
STREET ADDRESS	707 N. 11 ST.		2.3 STREET ADDRESS	707 N. 11 ST.			
CITY-ST-ZIP	MILWAUKEE WI		2.4 CITY-ST-ZIP	MILWAUKEE, WI 53233			
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRIESEMER, KENNETH		3.2 NAME				
STREET ADDRESS	707 N. 11 ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	MILWAUKEE WI		3.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	RENTMEESTER, L. RAY		4.2 NAME	STONE, STEPHEN R.			
STREET ADDRESS	707 N. 11 ST.		4.3 STREET ADDRESS	707 N. 11 ST.			
CITY-ST-ZIP	MILWAUKEE WI		4.4 CITY-ST-ZIP	MILWAUKEE, WI 53233			
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				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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: STEPHEN R. STONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/97 (414) 271-2820

Date Daytime Phone #

CR2E034 (9/96)