

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0115208

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
**707 NORTH 11TH STREET
MILWAUKEE WISCONSIN 53233**

Mailing Address
**707 NORTH 11TH STREET
MILWAUKEE WISCONSIN 53233**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1953

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

TITLE **P** ☒ DELETE
NAME **SIMPSON, WILLIAM A**
STREET ADDRESS **707 N 11 ST**
CITY-ST-ZIP **MILWAUKEE WI**

TITLE **S** ☐ DELETE
NAME **NAUTA, DALE H**
STREET ADDRESS **707 N 11 ST**
CITY-ST-ZIP **MILWAUKEE WI**

TITLE **T** ☒ DELETE
NAME **GRIESEMER, KENNETH**
STREET ADDRESS **707 N. 11 ST.**
CITY-ST-ZIP **MILWAUKEE WI**

TITLE **V** ☐ DELETE
NAME **STONE, STEPHEN R**
STREET ADDRESS **707 N 11TH ST**
CITY-ST-ZIP **MILWAUKEE WI**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☐ Change ☒ Addition
1.2 NAME **Richard A. Hollar**
1.3 STREET ADDRESS **707 N. 11th Street**
1.4 CITY-ST-ZIP **Milwaukee, WI 53233**

2.1 TITLE **V/T** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **V** ☐ Change ☒ Addition
3.2 NAME **Kent Major**
3.3 STREET ADDRESS **707 N. 11th Street**
3.4 CITY-ST-ZIP **Milwaukee, WI 53233**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Dale H. Nauta

7/24/98

(414)347-7485

CR2E034 (5/98)