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 -2 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 811112 (2)

1. Corporation Name
TIME INSURANCE COMPANY

Principal Place of Business	Mailing Address
501 WEST MICHIGAN POB 3050 MILWAUKEE WI 53201-3050	501 WEST MICHIGAN POB 3050 MILWAUKEE WI 53201-3050

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1956
3a. Date of Last Report: 03/01/1994

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

4. FEI Number: 39-0658730 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	1.1 TITLE		☐ Change ☐ Addition
NAME	GOCHENAUR, JACK A	1.2 NAME		
STREET ADDRESS	501 W. MICHIGAN ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI	1.4 CITY-ST-ZIP		
TITLE	COB	2.1 TITLE		☒ Change ☐ Addition
NAME	GADDY, MERCER G	2.2 NAME		
STREET ADDRESS	1901 BAY RD.	2.3 STREET ADDRESS	3510 Knollwood Drive	
CITY-ST-ZIP	VERO BCH. FL	2.4 CITY-ST-ZIP	Atlanta, GA 30305	
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	KELLER, THOMAS M	3.2 NAME		
STREET ADDRESS	501 W. MICHIGAN ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	V	☒ Change ☐ Addition
NAME	KRICK, JOHN E.	4.2 NAME	Krienke, Scott	
STREET ADDRESS	501 W. MICHIGAN ST.	4.3 STREET ADDRESS	501 W. Michigan St.	
CITY-ST-ZIP	CEDARBURG WI	4.4 CITY-ST-ZIP	Milwaukee, WI 53203	
TITLE	V	5.1 TITLE	V	☒ Change ☐ Addition
NAME	LENOW, JEFFREY	5.2 NAME	Mendeloff, Alan	
STREET ADDRESS	501 W. MICHIGAN ST.	5.3 STREET ADDRESS	501 W. Michigan St.	
CITY-ST-ZIP	MILWAUKEE WI	5.4 CITY-ST-ZIP	Milwaukee, WI 53203	
TITLE	V	6.1 TITLE	V	☒ Change ☐ Addition
NAME	MELER, CHARLES J	6.2 NAME	Nonnenmacher, Mary Jean	
STREET ADDRESS	501 W. MICHIGAN ST.	6.3 STREET ADDRESS	501 W. Michigan St.	
CITY-ST-ZIP	MILWAUKEE WI	6.4 CITY-ST-ZIP	Milwaukee, WI 53203	

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)(k), 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 above, or on an attachment with an address.

SIGNATURE: [signature] Jack A. Gochenaur 02/20/95 (414) 271-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0368104 CP