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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: 06/26/1956
3a. Date of Last Report: 03/25/1996

2. Principal Place of Business	2a. Mailing Address
21	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 _____ (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	ST	☐ DELETE	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	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KELLER, THOMAS M		2.2 NAME		
STREET ADDRESS	501 W. MICHIGAN ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	KRIENKE, SCOTT		3.2 NAME	Siemon, Scott	
STREET ADDRESS	501 W. MICHIGAN ST.		3.3 STREET ADDRESS	501 W. Michigan St.	
CITY-ST-ZIP	MILWAUKEE WI		3.4 CITY-ST-ZIP	Milwaukee, WI 53203	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OATMAN, JAMES		4.2 NAME		
STREET ADDRESS	501 W MICHIGAN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	NONNENMACHER, MARY JEAN		5.2 NAME	Alt, Claudia J.	
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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Jack A. Gochenaur 4/3/97 (414) 299-6512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040777