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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 811112

(2) NM CHG. 4-02-98

1. Corporation Name
~~TIME INSURANCE COMPANY~~
FORTIS INSURANCE COMPANY
(F/K/A 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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~~ T ☐ DELETE	1.1 TITLE	V ☐ Change ☒ Addition
NAME	GOCHENAUR, JACK A	1.2 NAME	LAU, GARY L
STREET ADDRESS	501 W. MICHIGAN ST.	1.3 STREET ADDRESS	501 W. MICHIGAN STREET
CITY-ST-ZIP	MILWAUKEE WI 53203	1.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	~~P~~ D ☐ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
NAME	KELLER, THOMAS M	2.2 NAME	CUTLER, BENJAMIN M
STREET ADDRESS	501 W. MICHIGAN ST.	2.3 STREET ADDRESS	501 W. MICHIGAN STREET
CITY-ST-ZIP	MILWAUKEE WI 53203	2.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	V ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SIEMON, SCOTT	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 ☐ 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 53203	4.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ALT, CLAUDIA J	5.2 NAME	900002530859
STREET ADDRESS	501 W MICHIGAN ST	5.3 STREET ADDRESS	-05/21/98--01004--013
CITY-ST-ZIP	MILWAUKEE WI 53203	5.4 CITY-ST-ZIP	***150.00
TITLE	ST ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MAYBERRY-FRENCH, ANN	6.2 NAME	
STREET ADDRESS	501 W MICHIGAN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53203	6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: _____ 4/27/98 (414) 298-8500