2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90342 047 ***150.00

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1. Entity Name
TIME INSURANCE COMPANY

Principal Place of Business	Mailing Address
501 W. MICHIGAN AVE P O BOX 3121 MILWAUKEE, WI 53201-3050	P.O. BOX 3050 MILWAUKEE, WI 53201-3050

DO NOT WRITE IN THIS SPACE

04042006 No Chg-P CR2E034 (11/05)

4. FEI Number
39-0658730
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	MILLER, HOWARD C
STREET ADDRESS	501 WEST MICHIGAN
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	S
NAME	PALME-KRIZAK, CHRISTINA R
STREET ADDRESS	501 W. MICHIGAN ST.
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	V
NAME	GARY L LAU
STREET ADDRESS	501 W MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	V
NAME	OATMAN, JAMES
STREET ADDRESS	501 W MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	D
NAME	HAMM, DONALD G JR
STREET ADDRESS	501 W MICHIGAN ST
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	P
NAME	HAMM, DONALD G JR.
STREET ADDRESS	501 W. MICHIGAN
CITY-ST-ZIP	MILWAUKEE, WI 53203

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CR Palme 4/4/06 800/800-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #