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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 AM 8:40

DOCUMENT # **854077** **(5)**

1. Corporation Name

TMG LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
ATTN: A.M. RAJEC 401 N. EXECUTIVE DR. / P.O. BOX 2173 MILWAUKEE WI 53201-2173	ATTN: A.M. RAJEC 401 N. EXECUTIVE DR. / P.O. BOX 2173 MILWAUKEE WI 53201-2173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1982	3a. Date of Last Report: 07/12/1994
4. FEI Number: 45-0208990	☐ 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	

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	EVASON, KENNETH L.	1.2 NAME	
STREET ADDRESS	401 N. EXECUTIVE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE, WI 0	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, EVERETT E.	2.2 NAME	
STREET ADDRESS	401 N. EXECUTIVE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE, WI 0	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JAMES R.	3.2 NAME	
STREET ADDRESS	401 N. EXECUTIVE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	KAUFMAN, STANLEY N.	4.2 NAME	
STREET ADDRESS	700 SEVENTH STREET, SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	FARGO ND	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	☐ Change ☐ Addition
NAME	ASTLEY, ROBERT M.	5.2 NAME	
STREET ADDRESS	227 KING STREET, SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	WATERLOO ON	5.4 CITY-ST-ZIP	
TITLE	VST	6.1 TITLE	☐ Change ☐ Addition
NAME	RAJEC, ANDREW M	6.2 NAME	
STREET ADDRESS	401 N. EXECUTIVE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	6.4 CITY-ST-ZIP	

See complete dir. & officer listing, attached.

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)(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: A. M. Rajec 1-11-95 (414) 797-5170
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number
ANDREW M. RAJEC

0305102 CP

THE MUTUAL GROUP (U.S.)
TMG LIFE INSURANCE COMPANY January, 1995
DIRECTORS

Robert M. Astley
David A. MacIntosh
Mary Anne Elliott
Mutual Life of Canada
227 King Street, South
Waterloo, Ontario
Canada N2J 4C5

Kenneth L. Evason
E. Everett Edwards
James R. Smith
TMG Life Insurance Company
401 North Executive Drive
P.O. Box 2173 (53201-2173)
Milwaukee, WI 53008-0980

Stanley N. Kaufman
TMG Life Insurance Company -
Personal Financial Services
700 Seventh Street, South
P.O. Box 2907
Fargo, ND 58108

OFFICERS

Robert M. Astley - Chairman
Mutual Life of Canada
227 King Street, South
Waterloo, Ontario
Canada N2J 4C5

The following Officers are at this address: TMG Life Insurance Company
The Mutual Group (U.S.) -
Employee Benefits
401 North Executive Drive
P.O. Box 2173 (53201-2173)
Milwaukee, WI 53008-0980

Kenneth L. Evason - President and Chief Executive Officer
E. Everett Edwards - Executive Vice President
James R. Smith - Senior Vice President, Chief Actuary
Stanley J. Lausch - Senior Vice President, Administrative Services
Dieter S. Gaubatz - Vice President, Acutarial Services
Andrew M. Rajec - Vice President, General Counsel, Secretary and Treasurer
Thomas M. Milczarski - Vice President, Human Resources
James R. Fonk, M.D. - Vice President, Medical Director
Robert R. Lapointe - Vice President, Investment Management
Michael J. Steppe - Vice President, Fixed Income and Marketable Securities
Jimmie D. Ewing - Vice President, Sales

The following Officers are at this address: TMG Life Insurance Company
The Mutual Group (U.S.) -
Personal Financial Services
700 Seventh Street, South
P.O. Box 2907
Fargo, ND 58108

Stanley N. Kaufman - Executive Vice President
Michael L. Fix - Vice President, Market Research/Product Development
Earl E. Ingberg, Jr. - Vice President, Administrative Services
Richard S. Acker - Vice President, Sales