FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

TMG LIFE INSURANCE COMPANY

Principal Place of Business

ATTN: A.M. RAJEC
401 N. EXECUTIVE DR. / P.O. BOX 2173
MILWAUKEE WI 53201-2173

Mailing Address

ATTN: A.M. RAJEC
401 N. EXECUTIVE DR. / P.O. BOX 2173
MILWAUKEE WI 53201-2173

3. Date Incorporated or Qualified: 09/15/1982

3a. Date of Last Report: 01/20/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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: (Signature of a New Registered Agent or an Officer of the Corporation Authorizing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	EVASON, KENNETH L.	
STREET ADDRESS	401 N. EXECUTIVE DR.	
CITY, ST, ZIP	MILWAUKEE, WI 0	
TITLE	VD	☐ DELETE
NAME	EDWARDS, EVERETT E.	
STREET ADDRESS	401 N. EXECUTIVE DR.	
CITY, ST, ZIP	MILWAUKEE, WI 0	
TITLE	V	☐ DELETE
NAME	SMITH, JAMES R.	
STREET ADDRESS	401 N. EXECUTIVE DR.	
CITY, ST, ZIP	MILWAUKEE WI	
TITLE	VD	☐ DELETE
NAME	KAUFMAN, STANLEY N.	
STREET ADDRESS	700 SEVENTH STREET, SOUTH	
CITY, ST, ZIP	FARGO ND	
TITLE	DC	☐ DELETE
NAME	ASTLEY, ROBERT M.	
STREET ADDRESS	227 KING STREET, SOUTH	
CITY, ST, ZIP	WATERLOO ON	
TITLE	VST	☐ DELETE
NAME	RAJEC, ANDREW M	
STREET ADDRESS	401 N. EXECUTIVE DR	
CITY, ST, ZIP	MILWAUKEE WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE: Andrew M Rajec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANDREW M RAJEC

1-16-96 (414) 797-5170
DATE DAYTIME PHONE #

CR2E034 (12/95)