



FILED

Mar 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 03 1997 8:00am Secretary of State	
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	
2. Principal Place of Business 21 401 North Executive Drive Suite, Apt. #, etc. Suite 300 22 Brookfield, Wisconsin City & State 23 24 53008-0503 25 USA		2a. Mailing Address 26 P.O. Box 503 Suite, Apt. #, etc. 27 Brookfield, Wisconsin City & State 28 29 53008-0503 30 USA		3a. Date of Last Report 01/29/1996 4. FEI Number 45-0208990 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 8. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301	
8. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301		9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 12. SEE ATTACHED LIST OF OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12. SEE ATTACHED LIST OF OFFICERS AND DIRECTORS TITLE PD NAME EVASON, KENNETH L. STREET ADDRESS 401 N. EXECUTIVE DR. CITY-ST-ZIP MILWAUKEE, WI 0		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD 1.2 NAME Evason, Kenneth, L. 1.3 STREET ADDRESS 401 North Executive Drive, Suite 300 1.4 CITY-ST-ZIP Brookfield, WI 53008-0503		1.1 TITLE PD 1.2 NAME Evason, Kenneth, L. 1.3 STREET ADDRESS 401 North Executive Drive, Suite 300 1.4 CITY-ST-ZIP Brookfield, WI 53008-0503	
TITLE VD NAME EDWARDS, EVERETT E. STREET ADDRESS 401 N. EXECUTIVE DR. CITY-ST-ZIP MILWAUKEE, WI 0		2.1 TITLE VPD 2.2 NAME Michael J. Steppe 2.3 STREET ADDRESS 401 N. Executive Drive, Suite 300 2.4 CITY-ST-ZIP Brookfield, WI 53008-0503		2.1 TITLE VPD 2.2 NAME Michael J. Steppe 2.3 STREET ADDRESS 401 N. Executive Drive, Suite 300 2.4 CITY-ST-ZIP Brookfield, WI 53008-0503	
TITLE V NAME SMITH, JAMES R. STREET ADDRESS 401 N. EXECUTIVE DR. CITY-ST-ZIP MILWAUKEE WI		3.1 TITLE SVD 3.2 NAME Smith, James R. 3.3 STREET ADDRESS 401 North Executive Drive, Suite 300 3.4 CITY-ST-ZIP Brookfield, WI 53008-0503		3.1 TITLE SVD 3.2 NAME Smith, James R. 3.3 STREET ADDRESS 401 North Executive Drive, Suite 300 3.4 CITY-ST-ZIP Brookfield, WI 53008-0503	
TITLE VD NAME KAUFMAN, STANLEY N. STREET ADDRESS 700 SEVENTH STREET, SOUTH CITY-ST-ZIP FARGO ND		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE DC NAME ASTLEY, ROBERT M. STREET ADDRESS 227 KING STREET, SOUTH CITY-ST-ZIP WATERLOO ON		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE VST NAME RAJEC, ANDREW M. STREET ADDRESS 401 N. EXECUTIVE DR. CITY-ST-ZIP MILWAUKEE WI		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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 contained 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: James R. Smith Sr. VP, Chief Actuary February 20, 1996 414-797-3915					

CR2E034 (9/96)

**Effective December 30, 1996**

**TMG LIFE INSURANCE COMPANY**

**Directors:**

Robert M. Astley  
Kenneth L. Evason  
Stanley N. Kaufman  
James R. Smith  
Mary Anne Elliott  
David A. MacIntosh  
Michael J. Steppe

**Officers:**

Robert M. Astley	Chairman
Kenneth L. Evason	President and Chief Executive Officer
Stanley N. Kaufman	Executive Vice President
James R. Smith	Senior Vice President, Chief Actuary
David A. Bergstrom	Vice President, Actuary - PFS
Guy R. Montag	Corporate Counsel and Secretary
Earl E. Ingberg, Jr.	Vice President, Administrative Services
Robert R. Lapointe	Vice President, Investment Management
Michael J. Steppe	Vice President, Fixed Income and Marketable Securities
Kevin M. Heil	Treasurer