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Feb 11, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 854077 1. Corporation Name TMG LIFE INSURANCE COMPANY		

Principal Place of Business ATTN: GUY MONTAG 401 N. EXEC DR. SUITE 300 BROOKFIELD WI 53008-0503 US	Mailing Address ATTN: GUY MONTAG PO BOX 503 BROOKFIELD WI 53008-0503 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

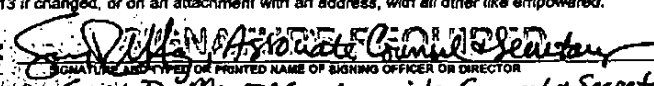
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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I, _____, Pursuant 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 resigning).

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO ☐ DELETE	1.1 TITLE	Associate Counsel & Secretary ☐ Change ☒ Addition
NAME	EVASON, KENNETH L.	1.2 NAME	Montag, Guy R.
STREET ADDRESS	401 N EXEC DR., STE 300	1.3 STREET ADDRESS	401 N. Executive Dr., Ste. 300
CITY-ST-ZIP	BROOKFIELD WI	1.4 CITY-ST-ZIP	Brookfield, WI 53008
TITLE	VPO ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STEPPE, MICHAEL J	2.2 NAME	
STREET ADDRESS	401 N EXECUTIVE DR, STE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI 53008	2.4 CITY-ST-ZIP	
TITLE	SVD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JAMES R.	3.2 NAME	
STREET ADDRESS	401 N EXEC DR, STE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI	3.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	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 ☐ DELETE	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	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MACINTOSH, DAVID A.	6.2 NAME	
STREET ADDRESS	227 KING ST, SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	WATERLOO ON	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: 
 Guy R. Montag, Associate Counsel & Secretary

1/7/99 414-797-3909
 Date Daytime Phone

CR2E034 (1/98)