02011999-90043-022-$150.00-$150.00

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Feb 11, 1999 8:00 am
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02-11-1999 90043 022 ***150.00

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	Mailing Address
ATTN: GUY MONTAG 401 N. EXEC DR. SUITE 300 BRROKFIELD WI 53008-0503 US	ATTN: GUY MONTAG PO BOX 503 BROOKFIELD WI 53008-0503 US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
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 owes the current year Intangible Personal Property Tax. ☒ 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 _____ 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 ☐ DELETE	1.1 TITLE	Associate Counsel & Secret. ☐ 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	VPD ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Guy R. Montag, Associate Counsel & Secretary

CR2E034 (11/98)