2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **854077** Jan 27, 2000 8:00 am 1. Entity Name TMG LIFE INSURANCE COMPANY (n/k/a Clarica Life Insurance **Secretary of State** Company-U.S.) 01-27-2000 90050 023 ***150.00 Mailing Address Principal Place of Business ATTN: GUY MONTAG ATTN: GUY MONTAG 401 N. EXEC DR. SUITE 300 PO BOX 503 BROOKFIELD WI 53008-0503 BRROKFIELD WI 53008-0503 3. Mailing Address 2. Principal Place of Business 13890 Bishop's Drive≓ at 3 St DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 300 Applied For City & State 4. FEI Number City & State 45-0208990 Not Applicable Brookfield, WI Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 53005 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BLDG. TALLAHASSEE FL 32301 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 57 4000 (4, 2004) SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 100 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD Delete TITLE. TITLE EVASON, KENNETH L. EVASON, KENNETH L. NAME NAME 13890 BISHOP'S DRIVE, SUITE 300 401 N EXEC DR., STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKFIELD, WI 53005 **BROOKFIELD WI** CITY-ST-ZIP X Change ☐ Addition TITLE Delete TITLE STEPPE, MICHAEL J.. NAME STEPPE, MICHAEL J NAME 13890 BISHOP'S DRIVE, SUITE 300 STREET ADDRESS 401 N EXECUTIVE DR, STE 300 STREET ADDRESS BROOKFIELD, WI 53005 CITY-ST-ZIP CITY-ST-ZIP **BROOKFIELD WI 53008** SVD. X Change ☐ Delete TITLE TITLE SMITH, JAMES R. NAME SMITH, JAMES R. NAME STREET ADDRESS 401 N EXEC DR, STE 300 STREET ADDRESS 13890 BISHOP'S DRIVE, SUITE 300 **BROOKFIELD WI** CITY-ST-ZIP CITY-ST-ZIP BROOKFIELD, WI 53005 ☐ Addition ☐ Change ☐ Delete TITLE TITLE KAUFMAN, STANLEY N. NAME NAME STREET ADDRESS 700 SEVENTH STREET, SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **FARGO ND** ☐ Change ☐ Addition Delete TITLE TITLE ASTLEY, ROBERT M. NAME NAME STREET ADDRESS 227 KING STREET, SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WATERLOO ON Change ★ Addition X Delete TITLE TITLE MACINTOSH, DAVID A. STRAMAGLIA, MICHAEL P. NAME NAME STREET ADDRESS 227 KING ST, SOUTH STREET ADDRESS 227 KING STREET SOUTH CITY-ST-ZIP CITY-ST-ZIP WATERLOO ON WATERLOO, ONTARIO, CANADA N2J 4C5 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered. Countel & Searter

NAME OF SIGNING OFFICER OR DIRECTOR MONTAG

SIGNATURE: