

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 PM 12: 00

DOCUMENT # **P22147 (3)**
1. Corporation Name
UNITED WISCONSIN LIFE INSURANCE COMPANY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
401 W. MICHIGAN STREET MILWAUKEE WI 53203-2804

3. Data Incorporated or Qualified 12/16/1988	3a. Date of Last Report 03/08/1994
4. FEI Number 06-0207231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER OF FLORIDA CAPITOL BUILDING TALLAHASSEE FL 32399				10. Name and Address of New Registered Agent	
				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 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 renouncing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFTY, THOMAS R.	1.2 NAME	
STREET ADDRESS	401 W. MICHIGAN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	1.4 CITY-ST-ZIP	
TITLE	SDV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAYER, MARY I	2.2 NAME	
STREET ADDRESS	401 W. MICHIGAN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, GAIL L.	3.2 NAME	
STREET ADDRESS	401 W. MICHIGAN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORDY, C. EDWARD	4.2 NAME	
STREET ADDRESS	401 W. MICHIGAN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANOFF, MARK H	5.2 NAME	
STREET ADDRESS	401 W. MICHIGAN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(b), 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: X Gail L. Hanson 1/23/95 (414) 226-6201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Original Name #)
Gail L. Hanson / Treasurer