

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jun 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT #** P22147  
 1. Corporation Name  
**United Wisconsin Life Insurance Company**

Principal Place of Business Mailing Address  
**3100 AMS Boulevard** **3100 AMS Boulevard**  
**Green Bay, WI 54313** **Green Bay, WI 54313**

|                                |  |                              |  |   |   |
|--------------------------------|--|------------------------------|--|---|---|
| 2. Principal Place of Business |  | 2a. Mailing Address          |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| 21 <b>3100 AMS Boulevard</b>   |  | 26 <b>3100 AMS Boulevard</b> |  | <b>12/16/1988</b>   | <b>1/23/1996</b>  |
| 22 Suite, Apt. #, etc.         |  | 27 Suite, Apt. #, etc.       |  | 4. FEI Number   | Applied For   |
| 23 <b>Green Bay, WI</b>        |  | 28 <b>Green Bay, WI</b>      |  | <b>86-0207231</b>   | Not Applicable  |
| 24 <b>54313</b>                |  | 29 <b>54313</b>              |  | 5. Certificate of Status Desired  | <b>\$8.75 Additional Fee Required</b>                               |
| 25 <b>Brown</b>                |  | 30 <b>Brown</b>              |  | 6. Election Campaign Financing Trust Fund Contribution                                  | <b>\$5.00 May Be Added to Fees</b>                                  |
|                                |  |                              |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent   |  |  |  | 10. Name and Address of New Registered Agent  |  |  |  |
| Prentice Hall Corporation System, Inc.<br>1201 Hays St., Suite 105<br>Tallahassee, FL 32301 |  |  |  | 81 Name <b>CT Corporation System</b>  |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>1200 South Pine Island Road</b> |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City <b>Plantation</b> <b>FL</b> 85 Zip Code <b>33324</b>                                |  |  |  |

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 *Francis P. Regan* **Asst. Secretary (Francis P. Regan)** **5-19-97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME  | <b>*See Attached*</b>   |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  |   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  |   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME  |   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  | <b>500002207915</b>   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    | <b>-06/10/97--01081--014</b>                                      |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       | <b>***550.00</b>  |

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 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: *Timothy L. Day* **Timothy L. Day** **5/14/97** **414-661-1111**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)

**United Wisconsin Life Insurance Company**

**Officers and Directors**

**As of 3/3/97**

|   |   |
|---|---|
| <b>President and Director</b>                       | Samuel V. Miller<br>3100 AMS Boulevard<br>Green Bay, WI 54313       |
| <b>Executive Vice President<br/>and Director</b>    | Edward R. Skoldberg<br>3100 AMS Boulevard<br>Green Bay, WI 54313    |
| <b>Executive Vice President<br/>and Director</b>    | Mark H. Granoff<br>401 W. Michigan Street<br>Milwaukee, WI 53203    |
| <b>Vice President and Director</b>                  | Roger A. Formisano<br>401 W. Michigan Street<br>Milwaukee, WI 53203 |
| <b>Vice President and Director</b>                  | C. Edward Mordy<br>401 W. Michigan Street<br>Milwaukee, WI 53203    |
| <b>Vice President, Secretary &amp;<br/>Director</b> | Timothy J. Moore<br>3100 AMS Boulevard<br>Green Bay, WI 54313       |
| <b>Treasurer and Director</b>                       | Gail L. Hanson<br>401 W. Michigan Street<br>Milwaukee, WI 53203     |
| <b>Vice President &amp; Asst. Treasurer</b>         | Timothy L. Day<br>3100 AMS Boulevard<br>Green Bay, WI 54313         |