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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P22147

(3)

**UNITED WISCONSIN LIFE INSURANCE COMPANY** 

Principal Place of Business Mailing Address
3100 AMS BLVD. 3100 AMS BLVD.
GREEN BAY WI 54313 GREEN BAY WI 54313

FILED
May 05 1998 8:00am
Secretary of State



3100 AMS BLVD. Green Bay wi 54313		3100 AMS BLVD. Green bay wi 54313						
GREAT IN 19910		OHECH DAT TH STOTE	MICCIA DINA 111 OTOTO		DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 12/16/1988	1,571		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	I A	pplied For	
21		26	26		86-0207231	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del>-</del> 7		5. Certificate of Status Desired	¥	Additional	
22		27	<u></u>			Fee R	beriupei	
City & State		City & State	¬ '		6. Election Campaign Financing	\$5.00 May Be Added to Fees		
23 Zin	Country Zip Cou		Count					
Zip 24	25	210	30	У		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No		
	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
CT	CORPORATION SYSTEM		8	Name				
	O SOUTH PINE ISLAND ROAD	1	82 Street Add		Address (D.O. Barristania in Net Assessable)			
	NTATION FL 33324		L.		Address (P.O. Box Number is Not Acceptable)			
	•		8:	3				
	:		8	4 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 Signature, typod or grance chance of registered agent and ble if applicable (NOTE Registered Agent signature required when reinstating)  DATE								
12.		ND DIRECTORS	13.	Jeur giði iarnie	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	
TITLE	PD	DELETE	1.1 TITLE		EVPD	Change	Addition	
NAME	MILLER, SAMUEL 12		1.2 NAME		Mark H. Granoff		3	
STREET ADDRESS	3100 AMS BLVD.		1.3 STRE	T ADDRESS	401 W. michigan Street		[	
CITY-ST-ZIP	ODEEN DAY WE 64949		1.4 CITY	ITY-ST-ZIP MINWAUKER, WI 53203			[3	
TITLE	EVPO	☐ DELETE	2.1 TITLE	•	VPAT	☐ Change	Addition C	
NAME	SKOLDBERG, EDWARD		2.2 NAME		Gary D. Guengerich			
STREET ADDRESS	3100 AMS BLVD.		2.3 STREET ADDRE		3100 AMS Boulevard		1	
CITY-ST-ZIP	GREEN BAY WI 54313		2 4 CiTY					
TITLE			31 TITLE		TD	Change	Addition	
NAME	0400 4410 DIAD		3.2 NAMI			}		
STREET ADDRESS	3100 AMS BLVD.			T ADDRESS	401 W. michigan street			
CITY-ST-ZIP	GREEN BAY WI 54313 VPAT	DELETE	3.4. CITY	- ST - ZIP	Milwaukee, WI 53203	Change	Addition	
TITLE	DAY, TIMOTHY	M DECER	4.1 TITLE	-		□ crange	LJ Addition	
NAME CTOTET ADODECC	3100 AMS BLVD.		4. 2 NAM					
STREET ADDRESS	GREEN BAY WI 54313			T ADDRESS	}		į	
CITY-ST-ZIP TITLE	HAMI		5.1 TITLE	51-ZIP		☐ Change	Addition	
NAME	GRANOFF, MARK H		5.2 NAME	:			2,000,00	
STREET ADDRESS	404 W MICHIGAN CTOCCT			T ADDRESS				
CITY-ST-ZIP	MILWAUKEE WI	in .		ST-ZIP				
TITLE	VPD	DELETE	6.1 TITLE			Change	Addition	
NAME	FORMISANO, ROGER	_	6.2 NAME	1	·			
STREET ADORESS	401 W. MICHIGAN STREET		1	T ADDRESS				
CITY-ST-ZIP	MILWAUKEE WI		6.4 CITY-					
	ertify that the information supplied	with this filing does not qualify			ed in Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the	e 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 empowared 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 attrictment with an address