03171999-90081-024-$150.00-$150.00

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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P22147**

1. Corporation Name
UNITED WISCONSIN LIFE INSURANCE COMPANY

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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualifed: 12/16/1988

4. FEI Number: 86-0207231 ☐ Applied For ☐ Not Applicable

5. Certifcate 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
THE CAPITOL BLDG.
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name: ~~CT Corporation System~~

82 Street Address (P.O. Box Number is Not Acceptable): ~~1200 South Pine Island Road~~

83

84 City: ~~Plantation~~ ~~FL~~ 85 Zip Code: ~~33324~~

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD & CEO MILLER, SAMUEL 3100 AMS BLVD. GREEN BAY WI 54313	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Vice President & Chief Actuary Scott B. Westphal 3100 AMS Blvd. Green Bay, WI 54313	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD & COO SKOLDBERG, EDWARD 3100 AMS BLVD. GREEN BAY WI 54313	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP, Underwriting David J. MacKenzie 3100 AMS Blvd. Green Bay, WI 54313	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD MOORE, TIMOTHY. 3100 AMS BLVD. GREEN BAY WI 54313	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP, Administration Janet M. Mashl 3100 AMS Blvd. Green Bay, WI 54313	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPAT GUENGERICH, GARY D 3100 AMS BOULEVARD GREEN BAY WI 54313	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VP, Customer Service Terri I. Jossart 3100 AMS Blvd. Green Bay, WI 54313	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD GRANOFF, MARK H 401 W. MICHIGAN STREET MILWAUKEE WI 53203	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Regional Vice President Michael J. Enright 3100 AMS Blvd. Green Bay, WI 54313	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FORMISANO, ROGER 401 W. MICHIGAN STREET MILWAUKEE WI	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Regional Vice President M. Douglass Metzger 3100 AMS Blvd. Green Bay, WI 54313	☐ Change ☒ Addition **See Attached

CR2E034 (11/98)

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: SIGNATURE REQUIR Julie A. Oudenhoven 1/5/99 920-661-3047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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471108-90055-21

Additions/Changes to Officers and Direct

Assistant Secretary
Julie A. Oudenhoven
3100 AMS Blvd.
Green Bay, WI 54313

Assistant Secretary
Cheryl A. Thomson
3100 AMS Blvd.
Green Bay, WI 54313