


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90043 027 ***150.00

DOCUMENT # P26605

1. Entity Name
UNITED WISCONSIN INSURANCE COMPANY



Principal Place of Business: 12695 W NATIONAL AVE, NEW BERLIN, WI 53151 US
 Mailing Address: PO BOX 2013, MILWAUKEE, WI 53201-2013 US

50060225



2. Principal Place of Business		3. Mailing Address		06302005	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
City & State		City & State		39-0941450	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVID, KRETSCHMER R			NAME			
STREET ADDRESS	1 WELLPOINT WAY			STREET ADDRESS			
CITY-ST-ZIP	THOUSAND OAKS, CA 91362			CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> Delete		TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHAEFFER, LEONARD D			NAME	Larry Glasscock		
STREET ADDRESS	1 WELLPOINT WAY			STREET ADDRESS	120 Monument Circle		
CITY-ST-ZIP	THOUSAND OAKS, CA 91362			CITY-ST-ZIP	Indianapolis, IN 46204		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAPUSTAY, REBECCA A			NAME	Joan E. Herman		
STREET ADDRESS	401 W. MICHIGAN ST.			STREET ADDRESS	1 Wellpoint Way		
CITY-ST-ZIP	MILWAUKEE, WI 53203			CITY-ST-ZIP	Thousand Oaks, CA 91362		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEISER, THOMAS C			NAME	Nancy Purcell		
STREET ADDRESS	1 WELLPOINT WAY			STREET ADDRESS	120 Monument Circle		
CITY-ST-ZIP	THOUSAND OAKS, CA 91362			CITY-ST-ZIP	Indianapolis, IN 46204		
TITLE		<input type="checkbox"/> Delete		TITLE	MD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Emil Pfenninger		
STREET ADDRESS				STREET ADDRESS	12695 W National Ave		
CITY-ST-ZIP				CITY-ST-ZIP	New Berlin, WI 53151		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 8/4/05 Daytime Phone #: 262-787-7824