

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26605

FILED
Apr 20, 2009
Secretary of State

Entity Name: UNITED WISCONSIN INSURANCE COMPANY

Current Principal Place of Business:

12695 W NATIONAL AVE
NEW BERLIN, WI 53151 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3026
MILWAUKEE, WI 532013026 US

New Mailing Address:

FEI Number: 39-0941450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PFENNINGER, EMIL E
Address: 12695 W. NATIONAL AVENUE
City-St-Zip: NEW BERLIN, WI 53151

Title: S () Delete
Name: HESS, STEVEN C
Address: 232 S. CAPITOL AVENUE
City-St-Zip: LANSING, MI 48933

Title: T () Delete
Name: KEAL, JAMES T
Address: 12695 W. NATIONAL AVENUE
City-St-Zip: NEW BERLIN, WI 53151

Title: D () Delete
Name: HAAR, ELIZABETH R
Address: 232 SOUTH CAPITOL AVENUE
City-St-Zip: LANSING, MI 48933

Title: D () Delete
Name: EATON, ALBERT G
Address: 1739 CHESTER ROAD
City-St-Zip: LANSING, MI 48911

Title: D () Delete
Name: SALTERS, IRIS K
Address: 2621 WOODVIEW BLVD.
City-St-Zip: LANSING, MI 48910

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T KEAL

_____ Electronic Signature of Signing Officer or Director

T

04/20/2009

_____ Date