

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26605

FILED
Apr 07, 2011
Secretary of State

Entity Name: UNITED WISCONSIN INSURANCE COMPANY

Current Principal Place of Business:

15200 WEST SMALL ROAD
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

OFFICERS AND DIRECTORS:

Title: PD
Name: COOPER, STEPHAN
Address: 15200 WEST SMALL ROAD
City-St-Zip: NEW BERLIN, WI 53151

Title: DIR
Name: HESS, STEVEN C
Address: 200 N GRAND AVENUE
City-St-Zip: LANSING, MI 48933

Title: TREA
Name: SCHOEN, RONALD H
Address: 200 N GRAND AVENUE
City-St-Zip: LANSING, MI 48933

Title: D
Name: HAAR, ELIZABETH R
Address: 200 N GRAND AVENUE
City-St-Zip: LANSING, MI 48933

Title: D
Name: SCHOEN, RONALD H
Address: 200 N GRAND AVENUE
City-St-Zip: LANSING, MI 48933

Title: SEC
Name: REYNOLDS, STEVEN
Address: 200 N GRAND AVENUE
City-St-Zip: LANSING, MI 48933

I hereby 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 all other like empowered.

SIGNATURE: RONALD SCHOEN

TREA

04/07/2011

Electronic Signature of Signing Officer or Director

_____ Date