FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 16 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36826 (6)

1. Corporation Name
UNITED WISCONSIN PROSERVICES, INC.

Principal Place of Business	Mailing Address
401 WEST MICHIGAN ST. P.O. BOX 2025 MILWAUKEE WI 53201-9025	401 WEST MICHIGAN ST. P.O. BOX 2025 MILWAUKEE WI 53201-9025

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1991
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business
21 401 W. Michigan St.
22 Suite, Apt. #, etc. P.O. Box 2025
23 City & State Milwaukee, WI
24 Zip 53201-2025 25 Country

2a. Mailing Address
26 401 West Michigan St.
27 Suite, Apt. #, etc. P.O. Box 2025
28 City & State Milwaukee, WI
29 Zip 53201-2025 30 Country

4. FEI Number: 39-1431798 ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No TO TAXABLE SITUS IN FLORIDA.

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 _____ 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	DP HEFTY, THOMAS R. 401 W. MICHIGAN ST. MILWAUKEE WI	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P/C Hefty, Thomas R. 401 W. Michigan St. Milwaukee, WI	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MORDY, C. EDWARD 401 W. MICHIGAN ST. MILWAUKEE WI	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS TRAVER, MARY 401 W. MICHIGAN ST. MILWAUKEE WI	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/S.VP&T Traver, Mary 401 W. Michigan St. Milwaukee, WI	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP KNAPP, THOMAS J 401 WEST MICHIGAN ST. MILWAUKEE WI	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP NOHL, JEFFREY J. 401 W. MICHIGAN ST. MILWAUKEE WI	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HANSON, GAIL L. 401 W. MICHIGAN ST. MILWAUKEE WI	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Mary Traver 3/9/95 (414)226-6913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone) #
Mary Traver Vice President and Secretary

0385106 CP