FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P36826 (6)

1. Corporation Name
UNITED WISCONSIN PROSERVICES, INC.

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

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

2. Principal Place of Business
21 401 W. Michigan Street
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 Street
27 Suite, Apt. #, etc. P.O. Box 2025
28 City & State Milwaukee, WI
29 Zip 53201-2025 30 Country

3. Date Incorporated or Qualified: 12/23/1991
3a. Date of Last Report: 03/16/1995
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 NO 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 ______

12. OFFICERS AND DIRECTORS

TITLE	DPC	☐ DELETE
NAME	HEFTY, THOMAS R.	
STREET ADDRESS	401 W. MICHIGAN ST.	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	DVP	☐ DELETE
NAME	MORDY, C. EDWARD	
STREET ADDRESS	401 W. MICHIGAN ST.	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	DSVP	☐ DELETE
NAME	TRAVER, MARY	
STREET ADDRESS	401 W. MICHIGAN ST.	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	DVP	☐ DELETE
NAME	KNAPP, THOMAS J	
STREET ADDRESS	401 WEST MICHIGAN ST.	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	DVP	☒ DELETE
NAME	NOHL, JEFFREY J.	
STREET ADDRESS	401 W. MICHIGAN ST.	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	DT	☐ DELETE
NAME	HANSON, GAIL L.	
STREET ADDRESS	401 W. MICHIGAN ST.	
CITY-ST-ZIP	MILWAUKEE WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DVP FORMISANO, ROGER A. 401 W. MICHIGAN ST. Milwaukee, WI 53201-2025	☒ Change ☐ Addition
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)(k), 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: [signature] Vice President & Secretary 2/8/96 (414) 226-6979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)