


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **844332** (7)
1. Corporation Name
AMEX ASSURANCE COMPANY



Principal Place of Business 1400 LOMBARDI AVENUE 200 GREEN BAY WI 54304-3922 US	Mailing Address 1400 LOMBARDI AVENUE GREEN BAY WI 54304 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-2760101	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITAL BLDG. TALLAHASSEE FL 32302				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CIAK, KENNETH J.			1.2 NAME			
STREET ADDRESS	1400 LOMBARDI AVE., SUITE 200			1.3 STREET ADDRESS			
CITY-ST-ZIP	GREEN BAY WI			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHANKS, DONALD K.			2.2 NAME			
STREET ADDRESS	1400 LOMBARDI AVE., SUITE 200			2.3 STREET ADDRESS			
CITY-ST-ZIP	GREEN BAY WI			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEEHAN, TIMOTHY S.			3.2 NAME			
STREET ADDRESS	80 S. 8TH STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN			3.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GOODWIN, MORRIS JR.			4.2 NAME			
STREET ADDRESS	IDS TOWER 10			4.3 STREET ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN			4.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55402		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUBERS, DAVID R			5.2 NAME			
STREET ADDRESS	IDS TOWER 10			5.3 STREET ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLING, RICHARD W.			6.2 NAME			
STREET ADDRESS	IDS TOWER 10			6.3 STREET ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN			6.4 CITY-ST-ZIP			

14. 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 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: LARRY W. FRAZIER

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920 406 510

CR2E034 (10/97)