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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90109 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **844332**

1. Corporation Name
AMEX ASSURANCE COMPANY



Principal Place of Business Mailing Address

**1400 LOMBARDI AVENUE
 200
 GREEN BAY WI 54304-3922
 US**

**1400 LOMBARDI AVENUE
 GREEN BAY WI 54304
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified
10/11/1979

4. FEI Number Applied For

36-2760101 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 owes the current year Intangible Personal Property Tax. Yes 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 **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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CIAK, KENNETH J.	
STREET ADDRESS	1400 LOMBARDI AVE., SUITE 200	
CITY-ST-ZIP	GREEN BAY WI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHANKS, DONALD K.	
STREET ADDRESS	1400 LOMBARDI AVE., SUITE 200	
CITY-ST-ZIP	GREEN BAY WI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MEEHAN, TIMOTHY S.	
STREET ADDRESS	80 S. 8TH STREET	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HORTON, JEFFERY S	
STREET ADDRESS	IDS TOWER 10	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUBERS, DAVID R	
STREET ADDRESS	IDS TOWER 10	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLING, RICHARD W.	
STREET ADDRESS	IDS TOWER 10	
CITY-ST-ZIP	MINNEAPOLIS MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stuart Alan Sedlacek	
1.3 STREET ADDRESS	205 Tower 10	
1.4 CITY-ST-ZIP	Minneapolis, MN 55402	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wayne Eugene Simons	
2.3 STREET ADDRESS	1400 Lombardi Avenue	
2.4 CITY-ST-ZIP	Green Bay, WI 54304-3922	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dianne Lynn Wilson	
3.3 STREET ADDRESS	1400 Lombardi Avenue	
3.4 CITY-ST-ZIP	Green Bay, WI 54304-3922	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *Debra A. Combs* Date: 1-12-99 Daytime Phone #: 920.496.5213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ASSISTANT Secretary

CR2E034 (11/98)

1094411 10101-20
844332

ATTACHMENT FOR SIGNATURE

**DEBRA ANN COMBS
AMEX ASSURANCE COMPANY
ASSISTANT SECRETARY
1400 LOMBARDI AVENUE
GREEN BAY, WI 54304-3922**