

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90037 006 ***150.00

DOCUMENT # 844332

1. Entity 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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2. Principal Place of Business 3500 PACKERLAND DRIVE Suite, Apt. #, etc.	3. Mailing Address PO BOX 19054 Suite, Apt. #, etc.
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City & State DEPERE WI	City & State GREEN BAY WI	4. FEI Number 36-2760101	Applied For <input type="checkbox"/> Not Applicable
Zip 54115	Country US	Zip 54307-9054	Country US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 THE CAPITAL BLDG.
 TALLAHASSEE FL 32302**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIAM, KENNETH J. 1400 LOMBARDI AVE., SUITE 200 GREEN BAY WI	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VICE PRESIDENT LARRY W. FRAZIER 3500 PACKERLAND DRIVE DEPERE WI 54115
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHANKS, DONALD K. 1400 LOMBARDI AVE., SUITE 200 GREEN BAY WI	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEEHAN, TIMOTHY S. 80 S. 8TH STREET MINNEAPOLIS MN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORTON, JEFFERY S IDS TOWER 10 MINNEAPOLIS MN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBERS, DAVID R IDS TOWER 10 MINNEAPOLIS MN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLING, RICHARD W. IDS TOWER 10 MINNEAPOLIS MN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry W. Frazier* **LARRY W. FRAZIER** **JAN 29, 2001** **920.330.5104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
918295
844332

PLEASE ACCEPT THE FOLLOWING ADDRESS CHANGES TO THE DIRECTORS

KENNETH J. CIAK
3500 PACKERLAND DRIVE
DEPERE WI 54115

DONALD K. SHANKS
3500 PACKERLAND DRIVE
DEPERE WI 54115

JEFFREY S. HORTON
355 AXP FINANCIAL CENTER
MINNEAPOLIS, MN 55474

DAVID R. HUBERS
355 AXP FINANCIAL CENTER
MINNEAPOLIS, MN 55474

RICHARD W. KLING
355 AXP FINANCIAL CENTER
MINNEAPOLIS, MN 55474

JAMES A. MITCHELL
355 AXP FINANCIAL CENTER
MINNEAPOLIS, MN 55474

THE MAILING ADDRESS FOR ALL CORRESPONDENCE IS
PO BOX 19054
GREEN BAY WI 54307-9054