
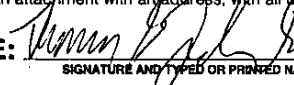


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90170 041 \*\*\*158.75

<b>DOCUMENT # P22147</b>			
1. Entity Name <b>AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY</b>			
Principal Place of Business <b>3100 AMS BLVD. GREEN BAY, WI 54313</b>		Mailing Address <b>ATTN: HEATHER HIETPAS 3100 AMS BLVD. GREEN BAY, WI 54313</b>	
2. Principal Place of Business		3. Mailing Address <b>ATTN: Dan Mulvey</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>3100 AMS Boulevard</b>	
City & State		City & State <b>Green Bay, WI</b>	
Zip	Country	Zip	Country
<b>54313</b>	<b>USA</b>	<b>54313</b>	<b>USA</b>
4. FEI Number <b>86-0207231</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		<b>FL</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LOMBARDI, JOHN R 3100 AMS BLVD. GREEN BAY, WI 54313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Karkenny, Christopher A 5995 Plaza Drive Cypress, CA 90630 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCA MODAFF, JAMES C 3100 AMS BOULEVARD GREEN BAY, WI 54313 <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	VD ZIELINSKI, THOMAS G 3100 AMS BOULEVARD GREEN BAY, WI 54313 <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	SVGS MOORE, TIMOTHY J 3100 AMS BLVD GREEN BAY, WI 54313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Konowiecki, Joseph S 5995 Plaza Drive Cypress, CA 90630 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Thomas G. Zielinski, Executive VP of Operations <b>4-25-05</b> (920) 661-1187	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

66013751



03182005 Chg-P CR2E034 (10/03)

# ATTACHMENT

## AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

# 222147

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### OFFICERS

66013751

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Chairman, President & Chief Executive Officer	Samuel V. Miller 3100 AMS Boulevard Green Bay, WI 54313
Executive Vice President, Corporate Affairs, General Counsel and Secretary	Joseph S. Konowiecki 5995 Plaza Drive Cypress, CA 90630
Executive Vice President and Chief Actuary	James C. Modaff 3100 AMS Boulevard Green Bay, WI 54313
Executive Vice President of Operations	Thomas G. Zielinski 3100 AMS Boulevard Green Bay, WI 54313
Senior Vice President	John F. Fritz 3120 Lake Center Drive Santa Ana, CA 92704
Vice President & Chief Financial Officer	Christopher A. Karkenny 5995 Plaza Drive Cypress, CA 90630
Vice President, Sales	Thomas A. Luchetta 3100 AMS Boulevard Green Bay, WI 54313
Treasurer	Michael A. Montevideo 3120 Lake Center Drive Santa Ana, CA 92704

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### DIRECTORS

Samuel V. Miller  
3100 AMS Boulevard  
Green Bay, WI 54313

Thomas G. Zielinski  
3100 AMS Boulevard  
Green Bay, WI 54313

Christopher A. Karkenny  
5995 Plaza Drive  
Cypress, CA 90630

Joseph S. Konowiecki  
5995 Plaza Drive  
Cypress, CA 90630