

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90160 012 ***158.75

DOCUMENT # P22147
 1. Entity Name
AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY



Principal Place of Business
 3100 AMS BLVD.
 GREEN BAY, WI 54313

Mailing Address
 ATTN: DAN MULVEY
 3100 AMS BLVD.
 GREEN BAY, WI 54313

40059185



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03232007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
 86-0207231

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SHESHY, ROBERT J STREET ADDRESS 9900 BREN RD E CITY ST ZIP HOPKINS, MN 55343	<input type="checkbox"/> Delete	TITLE D NAME SHEEHY, ROBERT J STREET ADDRESS 9900 BREN ROAD EAST CITY ST ZIP MINNETONKA, MN 55343	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VCA NAME MODAFF, JAMES C STREET ADDRESS 3100 AMS BOULEVARD CITY ST ZIP GREEN BAY, WI 54313	<input checked="" type="checkbox"/> Delete	TITLE CD NAME COLLINS, RICHARD A STREET ADDRESS 7440 WOODLAND DRIVE CITY ST ZIP INDIANAPOLIS, IN 46278	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME ZIELINSKI, THOMAS G STREET ADDRESS 3100 AMS BOULEVARD CITY ST ZIP GREEN BAY, WI 54313	<input checked="" type="checkbox"/> Delete	TITLE PD NAME CARR, PATRICK F STREET ADDRESS 7440 WOODLAND DRIVE CITY ST ZIP INDIANAPOLIS, IN 46278	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DS NAME BURKE, FORREST G STREET ADDRESS 5901 LINCOLN DR CITY ST ZIP MINNEAPOLIS, MN 55436	<input checked="" type="checkbox"/> Delete	TITLE VSD NAME VAN STRATEN, JULIE A STREET ADDRESS 3100 AMS BOULEVARD CITY ST ZIP GREEN BAY, WI 54313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE V NAME BECKER, JAMES H STREET ADDRESS 7440 WOODLAND DRIVE CITY ST ZIP INDIANAPOLIS, IN 46278	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE T NAME OBERRENDER, ROBERT W STREET ADDRESS 9900 BREN ROAD EAST CITY ST ZIP MINNETONKA, MN 55343	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Julie A. Van Straten* Julie A. Van Straten 4/9/07 (920) 661-3064
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Phone #

DIRECTORS

Richard A. Collins
7440 Woodland Drive
Indianapolis, IN 46278

Patrick F. Carr
7440 Woodland Drive
Indianapolis, IN 46278

Robert J. Sheehy
9900 Bren Road East
Minnetonka, MN 55343

Julie A. Van Straten
3100 AMS Boulevard
Green Bay, WI 54313

OFFICERS

Chairman & Chief Executive Officer

Richard A. Collins
7440 Woodland Drive
Indianapolis, IN 46278

President

Patrick F. Carr
7440 Woodland Drive
Indianapolis, IN 46278

Vice President & Chief Operating Officer

James H. Becker
7440 Woodland Drive
Indianapolis, IN 46278

Vice President, General Counsel & Secretary

Julie A. Van Straten
3100 AMS Boulevard
Green Bay, WI 54313

Treasurer

Robert W. Oberrender
9900 Bren Road East
Minnetonka, MN 55343

Vice President, Operations

Penny Paque
3100 AMS Boulevard
Green Bay, WI 54313

Vice President, Client Services

Janet M. Mashl
3100 AMS Boulevard
Green Bay, WI 54313

40059185

ATTACHMENT # P22147

AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

Vice President & Assistant Treasurer

James E. Prochnow
3100 AMS Boulevard
Green Bay, WI 54313

Vice President, Tax Services

John W. Kelly
9900 Bren Road East
Minnetonka, MN 55343

Vice President, Actuarial

Scott B. Westphal
3100 AMS Boulevard
Green Bay, WI 54313

Vice President, Sales

Susan A. Fowler
7440 Woodland Drive
Indianapolis, IN 46278

Assistant Secretary

David J. Lubben
9900 Bren Road East
Minnetonka, MN 55343

Assistant Secretary

Cheryl A. Thomson
3100 AMS Boulevard
Green Bay, WI 54313