

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22147

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC8000610890**

**Entity Name:** AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

3100 AMS BLVD.  
GREEN BAY, WI 54313

**Current Mailing Address:**

3100 AMS BLVD.  
GREEN BAY, WI 54313

**FEI Number: 86-0207231**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	ASST. SECRETARY	Title	PRESIDENT, DIRECTOR
Name	THOMSON, CHERYL A	Name	CARR, PATRICK F
Address	3100 AMS BOULEVARD	Address	7440 WOODLAND DRIVE
City-State-Zip:	GREEN BAY WI 54313	City-State-Zip:	INDIANAPOLIS IN 46278
Title	SECRETARY, DIRECTOR	Title	CFO
Name	VAN STRATEN, JULIE A	Name	PROCHNOW, JAMES E
Address	3100 AMS BOULEVARD	Address	3100 AMS BOULEVARD
City-State-Zip:	GREEN BAY WI 54313	City-State-Zip:	GREEN BAY WI 54313
Title	TREASURER	Title	DIRECTOR
Name	OBERRENDER, ROBERT W	Name	GABRIEL, JAMES M
Address	9900 BREN ROAD EAST	Address	3100 AMS BOULEVARD
City-State-Zip:	MINNETONKA MN 55343	City-State-Zip:	GREEN BAY WI 54313

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CHERYL A. THOMSON**

**ASSISTANT SECRETARY 04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date