

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ONE DAY AFTER AUGUST 9, 1995
AMOUNT DUE ON OR BEFORE DATE: 02/28/1996**

**APPROVED
AND
FILED**

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martens
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003879 (3)

1. Corporation Name

AMERICAN MEDICAL SECURITY INSURANCE COMPANY

Principal Place of Business

3100 AMS BLVD.
GREEN BAY WI 54313

Mailing Address

3100 AMS BLVD.
GREEN BAY WI 54313

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name **GT General Telephone System**
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code **32399**

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 revisiting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCO	1. TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILLIARD, WALLACE J	12 NAME	3100 AMS Boulevard		
STREET ADDRESS	4443 INDIAN TRAILS	13 STREET ADDRESS			
CITY - ST - ZIP	GREEN BAY WI	14 CITY - ST - ZIP			
TITLE	VD	21 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEYERS, RONALD A	22 NAME	3100 AMS Boulevard		
STREET ADDRESS	3887 LOST DAUPHIN	23 STREET ADDRESS	Green Bay, WI	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY - ST - ZIP	DEPERE WI	24 CITY - ST - ZIP			
TITLE	D	31 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATHY, SANDRA L	32 NAME			
STREET ADDRESS	3363 LOST DAUPHIN	33 STREET ADDRESS			
CITY - ST - ZIP	DEPERE WI	34 CITY - ST - ZIP			
TITLE	ASTD	41 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAY, TIMOTHY L	42 NAME	3100 AMS Boulevard		
STREET ADDRESS	330 SUMAC PLACE	43 STREET ADDRESS			
CITY - ST - ZIP	GREEN BAY WI	44 CITY - ST - ZIP			
TITLE	S	51 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOLATA, TIMOTHY J	52 NAME	3100 AMS Boulevard		
STREET ADDRESS	3978 WEST MASON	53 STREET ADDRESS	Green Bay, WI	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY - ST - ZIP	ONEIDA WI	54 CITY - ST - ZIP			
TITLE		61 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		62 NAME	Van De Kamp, Michael W		
STREET ADDRESS		63 STREET ADDRESS	3100 AMS Boulevard		
CITY - ST - ZIP		64 CITY - ST - ZIP	Green Bay, WI	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption utilized in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

6/7/95 (414)431-1111

Date Last Updated

018200 FN

CR20034 (3/95)