

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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



3. Date Incorporated or Qualified

07/25/1994

3a. Date of Last Report

07/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HILLIARD, WALLACE J	
STREET ADDRESS	3100 AMS BLVD	
CITY - ST - ZIP	GREEN BAY WI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEYERS, RONALD A	
STREET ADDRESS	3100 AMS BLVD	
CITY - ST - ZIP	GREEN BAY WI	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAY, TIMOTHY L	
STREET ADDRESS	3100 AMS BLVD	
CITY - ST - ZIP	GREEN BAY WI	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOLATA, TIMOTHY J	
STREET ADDRESS	3100 AMS BLVD	
CITY - ST - ZIP	GREEN BAY WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VANDEKAMP, MICHAEL W	
STREET ADDRESS	3100 AMS BLVD	
CITY - ST - ZIP	GREEN BAY WI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	T/D/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mathy, Sandra L
6.3 STREET ADDRESS	3100 Ams Blvd
6.4 CITY - ST - ZIP	Green Bay WI

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Timothy J. Dolata
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J. Dolata

Date

2/28/96

Daytime Phone #

431-1111

CR2E034 (12/95)