

September 29, 1997

F940000006019

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

400002310834--9
-10/03/97--01007--003
*****35.00 *****35.00

Re: Continental Plan Services, Inc.
Application for Withdrawal of Certificate of Authority - Florida

Dear Sir or Madam:

Enclosed are two originals of the Application for Withdrawal of Certificate of Authority and a check in the amount of \$35.00 to cover the filing fee. Please file the application and return a file-stamped copy to me at the following address:

Lee Ann Ness, Legal Department
American Medical Security, Inc.
3100 AMS Boulevard
Green Bay, WI 54313

If you have any questions, please do not hesitate to call me at 920-661-3246. Thank you.

Very truly yours,

Lee Ann Ness

Lee Ann Ness
Paralegal

Enclosures

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 OCT -3 AM 9:20

APPROVED
AND
FILED

OK
F940000006019
DPX
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FF With

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

Continental Plan Services, Inc.
(Name of Corporation)

Wisconsin
(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

Timothy J. Moore, Legal Department, American Medical Security, Inc.
(Mailing Address)

3100 AMS Boulevard
Green Bay, WI 54313

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



Signature

President
Title

Samuel V. Miller
Typed or printed name

September 29, 1997
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

27 OCT - 3 AM 9:20

APPROVED
AND
FILED