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Apr 10 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F94000006577 (0)**

1. Corporation Name

AMERICAN MEDICAL SECURITY, INC.



Principal Place of Business

**3100 AMS BLVD.
GREEN BAY WI 54313**

Mailing Address

**3100 AMS BLVD.
GREEN BAY WI 54313-9700**

3. Date Incorporated or Qualified

12/23/1994

3a. Date of Last Report

02/06/1996

4. FEI Number

39-1796625

Applied For

☐ Not Applicable

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **HILLIARD, WALLACE J**
CITY-ST-ZIP **4443 INDIAN TRAILS
GREEN BAY WI 54313**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **WEYERS, RONALD A**
CITY-ST-ZIP **3687 LOST DAUPHIN RD.
DE PERE WI 54115**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **DOLATA, TIMOTHY J**
CITY-ST-ZIP **3348 PIONEER DR.
GREEN BAY WI**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HEFTY, THOMAS R**
CITY-ST-ZIP **410 W. MICHIGAN C-10
MILWAUKEE WI 53201-2025**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **P.O. Box 12057**
2.4 CITY-ST-ZIP **Green Bay WI 54307** "N/A"

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **401 West Michigan St.**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **P**
5.3 STREET ADDRESS **Samuel V. Miller**
5.4 CITY-ST-ZIP **5141 Edge Water Beach Rd
Green Bay WI 54311**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **T**
6.3 STREET ADDRESS **Timothy L. Day**
6.4 CITY-ST-ZIP **330 Sumac Drive
Green Bay WI 54313**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 L. Day
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-97
Date

414-6601-1111
Daytime Phone #

0607002

CR2E034 (9/96)