FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400006577

AMERICAN MEDICAL SECURITY, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90077 012 ***150.00



Principal Place of Business Mailing Address)
3100 AMS BLVD. 3100 AMS BLVD. Attn: GREEN BAY WI 54313 GREEN BAY WI 54313		3100 AMS BLVD. Attn:	: Lee Ann Ne	s s	
			DO NOT WRITE IN THIS SPAC	E	
			•	3. Date Incorporated or Qualifed	
				12/23/1994	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		39-1796625	Not Applicable 75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Cortifecte of Status Desired	ee Required
City & State City & State			6. Election Campaign Financing 55	.00 May Be	
28				ded to Fees	
Zip			Country	8. This corporation owes the current year Intangible	
24	25	29	30	Personal Property Tax.	s □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
0.1	CODDODATION SYSTEM		81 Name		
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			83		
			84 City	FL [85]	Zíp Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named con	poration submits this statement for the purpose of chang	ng its registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was at	ithorized by the corporat	ion's board of directors. I hereby accept the appointment	as registered
	in familiar with, and accept the obligat				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature requir		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	
TITLE	MADY EAL & COO & D	☐ DELETE		Asst. Secretary	nange X Addition
NAME	SKOLDBERG, EDWARD R.			Cheryl A. Thomson	
STREET ADDRESS	3100 AMS BLVD			3100 AMS Blvd.	ļ
CITY-\$T-ZIP	GREEN BAY WI 54313	C) DELETE		Green Bay, WI 54313	nange 😾 Addition
TITLE	T & D &EVP	☐ DELETE	2.1 TITLE	Asst. Secretary Julie A.⊋Oudenhoven	A A A
NAME	GUENGERICH, GARY D.			3100 AMS Blvd.	ļ
STREET ADDRESS	3100 AMS BLVD	•		Green Bay, WI 54313	}
CITY-ST-ZIP TITLE	GREEN BAY WI 54313	sel & S □ DELETE		Asst. Treasurer	nange X Addition
NAME	SOX Sr.VP, Gen. Cour	Per 2 D	■	Carol P. Sanders	
STREET ADDRESS				3100 AMS Blvd.	
CITY-ST-ZIP	GREEN BAY WI 54313			Green Bay, WI 54313	
TITLE	PD & CEO	☐ DELETE	4.1 TITLE	7P □ □ □	nange 🔀 Addition
NAME	MILLER, SAMUEL V			Scott B. Westphal	
STREET ADDRESS			4.3 STREET ADDRESS	3100 AMS Boulevard	
CITY-ST-ZIP	GREEN BAY WI 54313			Green Bay, WI 54313	
TITLE		☐ DELETE		JP □ □ □	nange X Addition
NAME			0.041444	John R. Wirch	
STREET ADDRESS			5.3 STREET ADDRESS	3100 AMS Boulevard	ł
CITY-ST-ZIP			5.4 CITY-ST-ZIP	3100 AMS Boulevard Green Bay, WI 54313	
TITLE		☐ DELETE	6.1 TITLE	□ CI	sange
IIILE					
NAME		_ •===	6.2 NAME 6.3 STREET ADDRESS		

CITY-ST-ZIP 14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie A. Oudenhoven

920-661-3064