

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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Apr 28, 2005 8:00 am
Secretary of State

04-11-2005 90170 041 ***158.75

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03182005 Chg-P CR2E034 (10/03)

DOCUMENT # P22147					
1. Entity Name AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY					
Principal Place of Business 3100 AMS BLVD. GREEN BAY, WI 54313			Mailing Address ATTN: HEATHER HIETPAS 3100 AMS BLVD. GREEN BAY, WI 54313		
2. Principal Place of Business		3. Mailing Address ATTN: Dan Mulvey			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3100 AMS Boulevard			
City & State		City & State Green Bay, WI		4. FEI Number 86-0207231	
Zip		Country		Applied For Not Applicable	
54313		USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VTD	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDI, JOHN R		NAME	Karkenny, Christopher A	
STREET ADDRESS	3100 AMS BLVD.		STREET ADDRESS	5995 Plaza Drive	
CITY-ST-ZIP	GREEN BAY, WI 54313		CITY-ST-ZIP	Cypress, CA 90630	
TITLE	VCA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODAFF, JAMES C		NAME		
STREET ADDRESS	3100 AMS BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	GREEN BAY, WI 54313		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIELINSKI, THOMAS G		NAME		
STREET ADDRESS	3100 AMS BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	GREEN BAY, WI 54313		CITY-ST-ZIP		
TITLE	SVGS	<input checked="" type="checkbox"/> Delete	TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, TIMOTHY J		NAME	Konowiecki, Joseph S	
STREET ADDRESS	3100 AMS BLVD		STREET ADDRESS	5995 Plaza Drive	
CITY-ST-ZIP	GREEN BAY, WI 54313		CITY-ST-ZIP	Cypress, CA 90630	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Thomas G. Zielinski</i>			Thomas G. Zielinski, Executive VP of Operations 4-25-05 (920) 661-1187		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

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OFFICERS

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Chairman, President & Chief Executive Officer	Samuel V. Miller 3100 AMS Boulevard Green Bay, WI 54313
Executive Vice President, Corporate Affairs, General Counsel and Secretary	Joseph S. Konowiecki 5995 Plaza Drive Cypress, CA 90630
Executive Vice President and Chief Actuary	James C. Modaff 3100 AMS Boulevard Green Bay, WI 54313
Executive Vice President of Operations	Thomas G. Zielinski 3100 AMS Boulevard Green Bay, WI 54313
Senior Vice President	John F. Fritz 3120 Lake Center Drive Santa Ana, CA 92704
Vice President & Chief Financial Officer	Christopher A. Karkenny 5995 Plaza Drive Cypress, CA 90630
Vice President, Sales	Thomas A. Luchetta 3100 AMS Boulevard Green Bay, WI 54313
Treasurer	Michael A. Montevideo 3120 Lake Center Drive Santa Ana, CA 92704

DIRECTORS

Samuel V. Miller
3100 AMS Boulevard
Green Bay, WI 54313

Thomas G. Zielinski
3100 AMS Boulevard
Green Bay, WI 54313

Christopher A. Karkenny
5995 Plaza Drive
Cypress, CA 90630

Joseph S. Konowiecki
5995 Plaza Drive
Cypress, CA 90630