


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90160 012 ***158.75

DOCUMENT # P22147
 1. Entity Name
AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY



40059185

Principal Place of Business
 3100 AMS BLVD.
 GREEN BAY, WI 54313

Mailing Address
 ATTN: DAN MULVEY
 3100 AMS BLVD.
 GREEN BAY, WI 54313



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

4. FEI Number
86-0207231

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

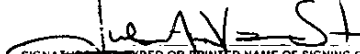
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHESHY, ROBERT J	
STREET ADDRESS	9900 BREN RD E	
CITY ST ZIP	HOPKINS, MN 55343	
TITLE	VCA	<input checked="" type="checkbox"/> Delete
NAME	MODAFF, JAMES C	
STREET ADDRESS	3100 AMS BOULEVARD	
CITY ST ZIP	GREEN BAY, WI 54313	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ZIELINSKI, THOMAS G	
STREET ADDRESS	3100 AMS BOULEVARD	
CITY ST ZIP	GREEN BAY, WI 54313	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BURKE, FORREST G	
STREET ADDRESS	5901 LINCOLN DR	
CITY ST ZIP	MINNEAPOLIS, MN 55436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHY, ROBERT J	
STREET ADDRESS	9900 BREN ROAD EAST	
CITY ST ZIP	MINNETONKA, MN 55343	
TITLE	CD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, RICHARD A	
STREET ADDRESS	7440 WOODLAND DRIVE	
CITY ST ZIP	INDIANAPOLIS, IN 46278	
TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARR, PATRICK F	
STREET ADDRESS	7440 WOODLAND DRIVE	
CITY ST ZIP	INDIANAPOLIS, IN 46278	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN STRATEN, JULIE A	
STREET ADDRESS	3100 AMS BOULEVARD	
CITY ST ZIP	GREEN BAY, WI 54313	
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, JAMES H	
STREET ADDRESS	7440 WOODLAND DRIVE	
CITY ST ZIP	INDIANAPOLIS, IN 46278	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OBERRENDER, ROBERT W	
STREET ADDRESS	9900 BREN ROAD EAST	
CITY ST ZIP	MINNETONKA, MN 55343	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Julie A. Van Straten
 (NOTE: Signature and typed or printed name of signing officer or director)
 Date: **4/9/07** (920) 661-3064

DIRECTORS

Richard A. Collins
7440 Woodland Drive
Indianapolis, IN 46278

Patrick F. Carr
7440 Woodland Drive
Indianapolis, IN 46278

Robert J. Sheehy
9900 Bren Road East
Minnetonka, MN 55343

Julie A. Van Straten
3100 AMS Boulevard
Green Bay, WI 54313

OFFICERS

Chairman & Chief Executive Officer

Richard A. Collins
7440 Woodland Drive
Indianapolis, IN 46278

President

Patrick F. Carr
7440 Woodland Drive
Indianapolis, IN 46278

Vice President & Chief Operating Officer

James H. Becker
7440 Woodland Drive
Indianapolis, IN 46278

Vice President, General Counsel & Secretary

Julie A. Van Straten
3100 AMS Boulevard
Green Bay, WI 54313

Treasurer

Robert W. Oberrender
9900 Bren Road East
Minnetonka, MN 55343

Vice President, Operations

Penny Paque
3100 AMS Boulevard
Green Bay, WI 54313

Vice President, Client Services

Janet M. Mashl
3100 AMS Boulevard
Green Bay, WI 54313

40059185

ATTACHMENT # P22147

AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

Vice President & Assistant Treasurer

James E. Prochnow
3100 AMS Boulevard
Green Bay, WI 54313

Vice President, Tax Services

John W. Kelly
9900 Bren Road East
Minnetonka, MN 55343

Vice President, Actuarial

Scott B. Westphal
3100 AMS Boulevard
Green Bay, WI 54313

Vice President, Sales

Susan A. Fowler
7440 Woodland Drive
Indianapolis, IN 46278

Assistant Secretary

David J. Lubben
9900 Bren Road East
Minnetonka, MN 55343

Assistant Secretary

Cheryl A. Thomson
3100 AMS Boulevard
Green Bay, WI 54313