

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22147

FILED
Apr 20, 2011
Secretary of State

Entity Name: AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

3100 AMS BLVD.
GREEN BAY, WI 54313

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 86-0207231 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: AS
Name: THOMSON, CHERYL A
Address: 3100 AMS BOULEVARD
City-St-Zip: GREEN BAY, WI 54313

Title: CD
Name: COLLINS, RICHARD A
Address: 7440 WOODLAND DRIVE
City-St-Zip: INDIANAPOLIS, IN 46278

Title: PD
Name: CARR, PATRICK F
Address: 7440 WOODLAND DRIVE
City-St-Zip: INDIANAPOLIS, IN 46278

Title: VSD
Name: VAN STRATEN, JULIE A
Address: 3100 AMS BOULEVARD
City-St-Zip: GREEN BAY, WI 54313

Title: VCFO
Name: PROCHNOW, JAMES E
Address: 3100 AMS BOULEVARD
City-St-Zip: GREEN BAY, WI 54313

Title: T
Name: OBERRENDER, ROBERT W
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL A. THOMSON

AS

04/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date