FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22912** **(0)**

1. Corporate Name

AMERICAN MEDICAL SECURITY, INC.

Principal Place of Business	Mailing Address
3100 AMS BLVD P.O. BOX 19032 GREEN BAY WI 54313 US	333 MAIN STREET P.O. BOX 19032 GREEN BAY WI 54307-9032 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/08/1989**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: **39-1615102** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

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

City & State — 23:

City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: County — 25:

Zip — 29: County — 30:

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.1005 and 617.1908, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '0'
1.	PTD	☐ Change ☐ Addition
NAME	HILLIARD, WALLACE J.	
STREET ADDRESS	4443 INDIAN TRAILS	
CITY-ST-ZIP	GREEN BAY WI	
2.	VD	☒ Change ☐ Addition
NAME	WEYERS, RONALD A.	
STREET ADDRESS	3687 LOST DAUPH IN RD.	" " Dauphin "
CITY-ST-ZIP	DEPERE WI	↳ one word
3.	O	☐ Change ☐ Addition
NAME	MATHY, SANDRA L.	
STREET ADDRESS	3363 LOST DAUPHIN RD	
CITY-ST-ZIP	DE PERE WI	
4.	D	☐ Change ☐ Addition
NAME	HEFTY, THOMAS R	
STREET ADDRESS	17775 VERSAILLES COURT	
CITY-ST-ZIP	BROOKFIELD WI	
5.	S	☐ Change ☐ Addition
NAME	DOLATA, TIMOTHY	
STREET ADDRESS	3976 W. MASON ST	
CITY-ST-ZIP	ONEIDA WI	
6.	VP	☒ Change ☐ Addition
NAME	LABUTZKE, KRISTEEN K.	
STREET ADDRESS	2811 LONGVIEW LANE	Deleted
CITY-ST-ZIP	LITTLE SUAMICO WI	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Timothy L Dolata — 5/1/95 — (414)431-1111

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone Number

0489308 FN