AMERICAN MEDICAL SECURITY

P93000040685

November 5, 1996

10002003871--6 -11/13/96--01194--015 *****35.00 *****35.00

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Articles of Dissolution - Your Healthcare Plan, Inc., f/k/a Accountable Health Care of Florida, Inc.

Dear Sir or Madam:

Enclosed are the Articles of Dissolution and a check in the amount of \$35 made payable to Florida Department of State for the dissolution of the above-named corporation.

Please return the filed Articles of Dissolution to me at the following address:

Lee Ann Ness, Paralegal American Medical Security, Inc. 3100 AMS Boulevard P.O. Box 19032 Green Bay, WI 54307-9032

If you have any questions, please do not hesitate to contact me at 1-800-232-5432, extension 13246. Thank you.

Very truly yours,

Lee Ann Ness Paralegal

Enclosures

APPROVEL



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 19, 1996

LEE ANN NESS P.O. BOX 19032 GREEN BAY, WI 54307-9032

SUBJECT: YOUR HEALTHCARE PLAN, INC.

Ref. Number: P93000040685

We have received your document for YOUR HEALTHCARE PLAN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The subject corporation was administratively dissolved on August 25, 1995 for failure to file its 1995 annual report.

To voluntarily dissolve this corporation, a notarized affidavit must accompany the Articles of Dissolution stating that the corporation has no intention of revoking this voluntary dissolution, and that its name is available for immediate use by any other corporation. Or, a statement to this effect can be contained in the Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6916.

Carol Mustain Corporate Specialist



January 15, 1997

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Articles of Dissolution - Your Healthcare Plan, Inc., f/k/a Accountable Health Care of Florida, Inc.

Dear Sir or Madam:

Enclosed are revised Articles of Dissolution and a copy of the letter from you dated November 19, 1996 for filing.

Please return the filed Articles of Dissolution to me at the following address:

Lee Ann Ness, Paralegal American Medical Security, Inc. 3100 AMS Boulevard P.O. Box 19032 Green Bay, WI 54307-9032

If you have any questions, please do not hesitate to contact me at 1-800-232-5432, extension 13246. Thank you.

Very truly yours,
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Lee Ann Ness Paralegal

Enclosures

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: Your Healthcare Plan, Inc.			
SECOND:	The articles of incorporation were filed on:			
	•			
THIRD:	(CHECK ONE)			
	None of the corporation's shares have been issued.			
	☐ The corporation has not commenced business.		_	
FOURTH:	No debt of the corporation remains unpaid.	SECRE TALL AH	97 JAH	API
FIFTH.	The net assets of the corporation remaining after winding up have been did to the shareholders, if shares were issued.	ACT SIGDULE	2.2 PH	
SIXTH:	Adoption of Dissolution (CHECK ONE)	-LOHIC STATI	1:23	O
	A majority of the incorporators authorized the dissolution.	Αm	ယ	
A majority of the directors authorized the dissolution. SEVENTH: The corporation has no intention of revoking this voluntary dissolution. EIGHTH: The name of the corporation is available for immediate use by any other				
	ed this <u>1st</u> day of <u>November</u> , 1996	 	cor	poration.
Signatur	(By the chairman or vice chairman of the board, president, or other officer - if there are no odirectors, by an incorporator.)	officers or	T	
**	Wallace J. Hilliard (Typed or printed name)			
_	Incorporator			
	(Title)			