SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Secretary of State
1996-08-13

DOCUMENT # **P95000000260 (6)**

1. Corporation Name
AMERICAN MEDICAL SECURITY HEALTH PLAN, INC.

Principal Place of Business
3100 AMS BOULEVARD
GREEN BAY WI 54307

Mailing Address
P.O. BOX 19032
GREEN BAY WI 54307-9032

3. Date Incorporated or Qualified: 01/03/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1900 Summit Tower Blvd
Suite, Apt. #, etc.
22 Suite 700
City & State
23 Orlando, FL
Zip 24 32810 Country 25 US

2a. Mailing Address
26 1900 Summit Tower Blvd
Suite, Apt. #, etc.
27 Suite 700
City & State
28 Orlando, FL
Zip 29 32810 Country 30 US

4. FEI Number: 59-3829787 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible under s. 199.032, Florida Statutes [✓] Yes [ ] No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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 607.0502 and 607.1508, 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 _____ DATE _____
Signature (typed or printed name of person signing) (if applicable) (CORP. Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	Director & Secretary	[X] DELETE
NAME	Sandra L. Mathy	
STREET ADDRESS	3363 Lost Dauphin Dr.	
CITY-ST-ZIP	De Pere, WI 54115	
TITLE	Director	[X] DELETE
NAME	William Trickel Jr.	
STREET ADDRESS	39 W Pine St.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director & Secretary	[ ] Change [X] Addition
1.2 NAME	Mark R. Minsloff	
1.3 STREET ADDRESS	P.O. Box 19032	
1.4 CITY-ST-ZIP	Green Bay, WI 54307-9032	
2.1 TITLE	Asst. Secretary	[ ] Change [X] Addition
2.2 NAME	Frank McMillan	
2.3 STREET ADDRESS	655 North Wymore Road, Suite 101	
2.4 CITY-ST-ZIP	Winter Park, FL 32789-2865	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 8/5/96 (1001) 660-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #