

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90033 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000000260

1. Corporation Name

AMERICAN MEDICAL SECURITY HEALTH PLAN, INC.



Principal Place of Business 1900 SUMMIT TOWER BLVD SUITE 700 ORLANDO FL 32810 US	Mailing Address 1900 SUMMIT TOWER BLVD SUITE 700 ORLANDO FL 32810 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 3100 AMS Boulevard		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28 Green Bay, WI		
Zip 24	Country 25	Zip 29 54313	Country 30 Brown

3. Date Incorporated or Qualified 01/03/1995	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3329787	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKOLDBERG, EDWARD R	1.2 NAME	Gary D. Guengerich
STREET ADDRESS	3100 AMS BOULEVARD	1.3 STREET ADDRESS	3100 AMS Boulevard
CITY-ST-ZIP	GREEN BAY WI 54313	1.4 CITY-ST-ZIP	Green Bay, WI 54313
TITLE	PCEO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CABRERA, EDWARD MD	2.2 NAME	Timothy J. Moore
STREET ADDRESS	1900 SUMMIT TOWER BLVD SUITE 700	2.3 STREET ADDRESS	3100 AMS Boulevard
CITY-ST-ZIP	ORLANDO FL 32810	2.4 CITY-ST-ZIP	Green Bay, WI 54313
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY L DAY	3.2 NAME	Julie A. Oudenhoven
STREET ADDRESS	3100 AMS BOULEVARD	3.3 STREET ADDRESS	3100 AMS Boulevard
CITY-ST-ZIP	GREEN BAY WI	3.4 CITY-ST-ZIP	Green Bay, WI 54313
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK R MINSLOFF	4.2 NAME	Cheryl A. Thomson
STREET ADDRESS	3100 AMS BOULEVARD	4.3 STREET ADDRESS	3100 AMS Boulevard
CITY-ST-ZIP	GREEN BAY WI	4.4 CITY-ST-ZIP	Green Bay, WI 54313
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBEY, JULIE A	5.2 NAME	
STREET ADDRESS	3100 ARMS BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN BAY WI 54313	5.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH K REINER	6.2 NAME	
STREET ADDRESS	601 EAST ROLLINS ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Julie A. Oudenhoven, Asst. Secretary

1/18/99

Date

(920) 661-3064

Daytime Phone #

CR2E034 (11/98)