

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91591 046 ***150.00

DOCUMENT # P95000000260

1. Entity Name

AMERICAN MEDICAL SECURITY HEALTH PLAN, INC.

Principal Place of Business

**555 WINDERLY PLACE
STE 410
MAITLAND FL 32751
US**

Mailing Address

**3100 AMS BOULEVARD
GREEN BAY WI 54313
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3329787

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOORE, TIMOTHY J 3100 AMS BOULEVARD GREEN BAY WI 54313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZIELINSKI, THOMAS G 3100 AMS BLVD GREEN BAY WI 54313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUENGERICH, GARY D 3100 AMS BOULEVARD GREEN BAY WI 54313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MODAFF, JAMES C 3100 AMS BOULEVARD GREEN BAY WI 54313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VAN STRATEN, JULIE A 3100 AMS BOULEVARD GREEN BAY WI 54313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THOMSON, CHERYL A 3100 AMS BOULEVARD GREEN BAY WI 54313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 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

Cheryl A. Thomson 4/15/2002

Date

Daytime Phone #

CR2E034 (9/01)

ATTACHMENT
#P9500000260

AMERICAN MEDICAL SECURITY HEALTH PLAN, INC. B0082555
d/b/a American Medical Healthcare

OFFICERS

President	Thomas G. Zielinski 3100 AMS Boulevard Green Bay, WI 54313
Treasurer	Gary D. Guengerich 3100 AMS Boulevard Green Bay, WI 54313
Vice President & Chief Actuary	James C. Modaff 3100 AMS Boulevard Green Bay, WI 54313
Secretary	Timothy J. Moore 3100 AMS Boulevard Green Bay, WI 54313
Assistant Secretary	Julie A. Van Straten 3100 AMS Boulevard Green Bay, WI 54313
Assistant Secretary	Cheryl A. Thomson 3100 AMS Boulevard Green Bay, WI 54313

DIRECTORS

Gary D. Guengerich
3100 AMS Boulevard
Green Bay, WI 54313

Thomas G. Zielinski
3100 AMS Boulevard
Green Bay, WI 54313

Timothy J. Moore
3100 AMS Boulevard
Green Bay, WI 54313