

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **832057** (4)

1. Corporation Name
ACORDIA OF MINNESOTA, INC.



Principal Place of Business: **7701 YORK AVE SOUTH STE 200 MINNEAPOLIS MN 55435 US**
Mailing Address: **7701 YORK AVE., S. STE. 200 MINNEAPOLIS MN 55435 US**

2. Principal Place of Business
21 **Same**
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country 26 27 28 29 30

3. Date Incorporated or Organized: **03/26/1974**
3a. Date of Last Report: **04/11/1995**
4. FID Number: **41-0741700**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing/Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation is a liability for intangible tax under s. 193.032 Florida Statutes: Yes No
10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0607 and 607.1603, 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 and benefit of me. I am hereby accepting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCEO <input type="checkbox"/> DELETE
NAME	GOLDAPP, DANIEL
STREET ADDRESS	7701 YORK AVE., S., #200
CITY- ST- ZIP	MINNEAPOLIS MN
TITLE	T <input type="checkbox"/> DELETE
NAME	VANNEMANN, THOMAS E
STREET ADDRESS	120 MONUMENT CIRCLE
CITY- ST- ZIP	INDIANAPOLIS MN
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	WHITE, NANCY wilwhite, Nancy
STREET ADDRESS	120 MONUMENT CIRCLE 7455D Somerset Bay
CITY- ST- ZIP	INDIANAPOLIS IN
TITLE	ATREYNDERS <input type="checkbox"/> DELETE
NAME	REYNOLDS, JOAN
STREET ADDRESS	7701 YORK AVE., S., #200
CITY- ST- ZIP	MINNAPOLIS MN
TITLE	Assistant Secretary <input type="checkbox"/> DELETE
NAME	Julie McGregor
STREET ADDRESS	7521-A Charing Drive
CITY- ST- ZIP	Indianapolis IN 46260
TITLE	Sr. Vice President <input type="checkbox"/> DELETE
NAME	John D. Moore
STREET ADDRESS	6340 Newton Avenue South
CITY- ST- ZIP	Richfield MN 55423-1112

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	Chairman of Board <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Thomas C. Roberts
13 STREET ADDRESS	16299 Cowell Road
14 CITY- ST- ZIP	Los Gatos CA 95032
15 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	Michael B. Henning
17 STREET ADDRESS	12322 Brookshire Parkway
18 CITY- ST- ZIP	Carmel IN 46032
19 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	Donald Loizeaux
21 STREET ADDRESS	110 Bank Street, Condo #2202
22 CITY- ST- ZIP	Bloomington MN 55437
23 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	John Lynch
25 STREET ADDRESS	8330 Norman Creek Trail
26 CITY- ST- ZIP	Bloomington MN 55437
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY- ST- ZIP	
31 NAME	
32 STREET ADDRESS	
33 CITY- ST- ZIP	
34 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 NAME	
36 STREET ADDRESS	
37 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state. In Section 119.07(3)(b), Florida Statutes, I further certify that the information indicated on this filing is not or supplemental annual report is based on a true and correct 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.

SIGNATURE: **X** *Joan M Reynolds*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 612-830-3045

CR2E034 (12/95)