

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

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**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 55435-5287 US
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3. Date Incorporated or Qualified 03/26/1974	3a. Date of Last Report 04/12/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	22. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 41-0741700	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <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**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDAPP, DANIEL	1.2 NAME	Don Loizeaux
STREET ADDRESS	7701 YORK AVE., S., #200	1.3 STREET ADDRESS	110 Bank Street #2202
CITY- ST- ZIP	MINNEAPOLIS MN	1.4 CITY- ST- ZIP	Bloomington MN 55437
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANNEMANN, THOMAS E	2.2 NAME	John Lynch
STREET ADDRESS	120 MONUMENT CIRCLE	2.3 STREET ADDRESS	8330 Norman Creek Trail
CITY- ST- ZIP	INDIANAPOLIS MN	2.4 CITY- ST- ZIP	Bloomington MN 55437
TITLE	AT <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDSON, JOAN Reynders, Joan	3.2 NAME	George Walker
STREET ADDRESS	7701 YORK AVE., S., #200	3.3 STREET ADDRESS	9901 Linn Station Road
CITY- ST- ZIP	MINNEAPOLIS MN	3.4 CITY- ST- ZIP	Louisville KY 40223
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert S. Schneider	4.2 NAME	John R. Eickhoff
STREET ADDRESS	120 Monument Circle	4.3 STREET ADDRESS	8100 34th Ave S
CITY- ST- ZIP	Indianapolis IN 46204	4.4 CITY- ST- ZIP	Minneapolis MN 55425
TITLE	Secretary <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bethany E. Allspaw	5.2 NAME	
STREET ADDRESS	120 Monument Circle	5.3 STREET ADDRESS	
CITY- ST- ZIP	Indianapolis IN 46204	5.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John D. Moore	6.2 NAME	
STREET ADDRESS	7701 York Ave. S #200	6.3 STREET ADDRESS	
CITY- ST- ZIP	Minneapolis MN 55435	6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: **X** *Joan Reynders* DATE: **4-23-97** DAYTIME PHONE: **612-830-3045**

CFR2E034 (9/96)