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**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 832057

(4)

Mailing Address

ACORDIA OF MINNESOTA, INC.

FILED
May 02 1997 8:00am
Secretary of State

STE 200 MINNEAPOLIS US	EVE SOUTH S MN 55435	7701 YORK AVE S. STE. 200 MINNEAPOLIS MN 55435- US	5287	<u> </u>	Date Incorporated or Qualified     03/26/1974	3a. Date of Last 04/12/1996	Report
2. Principal l	Place of Business	2a. Mailing Address			4, FEI Number	[ [	pplied For
21		26			41-0741700		lot Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	Additional Required
City & Sta 3	ate	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip (4	Country 25	Zip <b>29</b>	Countr 30	у		Yes No	s. 199.032,
	<ol><li>Name and Address of Curre</li></ol>	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
CT	CORPORATION SYSTEM		81	Name			
	00 S. PINE ISLAND ROAD		B2	Street Ad	Idress (P.O. Box Number is Not Acceptab	ole)	
PL	ANTATION FL 33324		83	<del>-</del>			
			84	City		FL 85 Zip	Code
	any familiar wills, and accent the Abli						
SIGNATURE	Signature, typical or printed name of registered a	gent and lide if applicable (NC	IE: Registered Ag		quired when reinslating)	DATE	50.01.40
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SIGNATURE 12. IIILE	Signature, type-for printed name of represend a OFFICERS AI	gent and lide if applicable (NC	13.	gent signature req	quired when reinstating)  ADDITIONS/CHANGES TO OFFICE  Director	DATE	
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SIGNATURE  11.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS AI PCEO GOLDAPP, DANIEL 7701 YORK AVE., S., #200	gent and title if applicable (NC ND DIRECTORS	13. 1.1 TITLE	gont signature rec	quired when reinsla:ng)  ADDITIONS/CHANGES TO OFFIC  Director  Don Loizeaux  110 Bank Street: #2202	DATE CERS AND DIRECTO	
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Loo 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 oriector 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

4-23-97 612-830-3045