

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90060 001 ***150.00

DOCUMENT # 832057

1. Entity Name
ACORDIA OF MINNESOTA, INC.

Principal Place of Business

Mailing Address

7701 YORK AVE SOUTH
 STE 200
 MINNEAPOLIS MN 55435
 US

7701 YORK AVE SOUTH
 STE 200
 MINNEAPOLIS MN 55435
 US

00063644



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4300 MarketPoint Drive
 Suite, Apt. #, etc.
Suite 600

4300 MarketPoint Drive
 Suite, Apt. #, etc.
Suite 600

City & State
Bloomington, MN

City & State
Bloomington, MN

4. FEI Number **41-0741700**

Applied For
 Not Applicable

Zip
55435

Country
US

Zip
55435

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GATES, GREGORY L 7701 YORK AVENUE SOUTH MINNEAPOLIS MN 55435	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRODERICK, DEBORAH M 111 MONUMENT CIRCLE STE 3200 INDIANAPOLIS IN 46202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EATON, NANCY K 111 MONUMENT CIRCLE INDIANAPOLIS IN 46202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYNDERS, JOAN M 7701 YORK AVE SOUTH MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, JOHN D 7701 YORK AVE SOUTH MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Frank C. Wittthun 150 N. Michigan Ave. Suite 4100 Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Deborah M. Broderick 150 N. Michigan Ave. Suite 4100 Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Robert M. Greco 150 N. Michigan Ave. Suite 4100 Chicago, IL 60601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Joan M. Reynders 4300 MarketPoint Drive, Suite 600 Bloomington, MN 55435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John D. Moore 4300 MarketPoint Drive, Suite 600 Bloomington, MN 55435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kathleen J. Krishnan 150 N. Michigan Ave. Suite 4100 Chicago, IL 60601	<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: Robert M. Greco / Robert M. Greco Date: 3/15/01 3/12/01-3-2537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)