


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90020 013 ***150.00

DOCUMENT # 832057


1. Entity Name
ACORDIA OF MINNESOTA, INC.



Principal Place of Business
4300 MARKET POINT DRIVE
STE 600
BLOOMINGTON, MN 55435 US

Mailing Address
4300 MARKET POINT DRIVE
STE 600
BLOOMINGTON, MN 55435 US

U311 04
 30626
44019288



2. Principal Place of Business
4300 MarketPointe Drive
 Suite, Apt. #, etc.
Ste 600

3. Mailing Address
4300 MarketPointe Drive
 Suite, Apt. #, etc.
Ste 600

City & State
 City & State

Zip Country Zip Country

03092004 Chg-P CR2E034 (10/03)

4. FEI Number
41-0741700

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WITTHUN, FRANK C	
STREET ADDRESS	150 N MICHIGAN AVE STE 4100	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE		<input type="checkbox"/> Delete
NAME	BRODERICK, DEBORAH M	
STREET ADDRESS	150 N MICHIGAN AVE STE 4100	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRECO, ROBERT M	
STREET ADDRESS	150 N MICHIGAN AVE STE 4100	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAND, JOSH	
STREET ADDRESS	4300 MARKET POINTE DR STE 600	
CITY-ST-ZIP	BLOOMINGTON, MN 55435	
TITLE		<input type="checkbox"/> Delete
NAME	REYNDEES, JOAN M	
STREET ADDRESS	4300 MARKET POINTE DR STE 600	
CITY-ST-ZIP	BLOOMINGTON, MN 55435	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRECO, ROBERT	
STREET ADDRESS	150 N MICHIGAN AVE STE 4100	
CITY-ST-ZIP	CHICAGO, IL 60601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Conboy, Kevin W.	
STREET ADDRESS	150 N. Michigan Ave Ste 4100	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Broderick, Deborah M.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reynders, Joan M.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan M. Reynders Joan M. Reynders 3-9-04 952-830-3045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #