

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90157 001 ***150.00

DOCUMENT # 811112

1. Corporation Name
FORTIS INSURANCE COMPANY

Principal Place of Business
501 WEST MICHIGAN POB 3050
MILWAUKEE WI 53201-3050

Mailing Address
501 WEST MICHIGAN POB 3050
MILWAUKEE WI 53201-3050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1956

4. FEI Number

39-0658730

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 501 WEST MICHIGAN

27 Suite, Apt. #, etc.

27 PO BOX 3121

28 City & State

28 MILWAUKEE, WI

29 Zip

29 53201-3121

30 Country

30 USA

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITILE ☐ DELETE

NAME GOCHENAUR, JACK A
STREET ADDRESS 501 W. MICHIGAN ST.
CITY-ST-ZIP MILWAUKEE WI 53203

TITILE ☒ DELETE

NAME KELLER, THOMAS M
STREET ADDRESS 501 W. MICHIGAN ST.
CITY-ST-ZIP MILWAUKEE WI 53203

TITILE ☐ DELETE

NAME GARY L LAU
STREET ADDRESS 501 W MICHIGAN ST
CITY-ST-ZIP MILWAUKEE WI 53203

TITILE ☐ DELETE

NAME OATMAN, JAMES
STREET ADDRESS 501 W MICHIGAN ST
CITY-ST-ZIP MILWAUKEE WI 53203

TITILE ☒ DELETE

NAME ALT, CLAUDIA J
STREET ADDRESS 501 W MICHIGAN ST
CITY-ST-ZIP MILWAUKEE WI 53203

TITILE ☐ DELETE

NAME BENJAMIN M CUTLER
STREET ADDRESS 501 W MICHIGAN ST
CITY-ST-ZIP MILWAUKEE WI 53203

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME DAYBERRY FRENCH, ANN GRAVES
1.3 STREET ADDRESS 501 W MICHIGAN ST
1.4 CITY-ST-ZIP MILWAUKEE, WI 53203

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)