

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90124 022 ***150.00

0649440 AT

DOCUMENT # 811112

1. Entity Name
FORTIS INSURANCE COMPANY



Principal Place of Business
**501 W. MICHIGAN AVE
P O BOX 3121
MILWAUKEE WI 53201-3050**

Mailing Address
**P.O. BOX 3050
MILWAUKEE WI 53201-3050**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-0658730**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
ROOM 358 LARSON BLDG.
TALLAHASSEE FL 32399-0300**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITILE ☐ Delete
NAME **T**
STREET ADDRESS **HAMM, DONALD G**
CITY-ST-ZIP **501 WEST MICHIGAN
MILWAUKEE WI 53203**

TITILE ☒ Change ☐ Addition
NAME **Howard C. Miller**
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME **S**
STREET ADDRESS **MAYBERRY FRENCH, ANN G**
CITY-ST-ZIP **501 W. MICHIGAN ST.
MILWAUKEE WI 53203**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME **V**
STREET ADDRESS **GARY L LAU**
CITY-ST-ZIP **501 W MICHIGAN ST
MILWAUKEE WI 53203**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME **V**
STREET ADDRESS **OATMAN, JAMES**
CITY-ST-ZIP **501 W MICHIGAN ST
MILWAUKEE WI 53203**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME **P**
STREET ADDRESS **BENJAMIN, CULTER M**
CITY-ST-ZIP **501 WEST MICHIGAN
MILWAUKEE WI 53203**

TITILE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS **Benjamin M. Cutler II**
CITY-ST-ZIP **1 Chase Manhattan Plaza
New York, NY 10005**

TITILE ☐ Delete
NAME **President**
STREET ADDRESS **Donald G. Hamm, Jr.**
CITY-ST-ZIP **501 W. Michigan
Milwaukee, WI 53203**

TITILE ☐ Change ☒ 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: *Ann G. Mayberry-French* **REQUIRED** Ann G. Mayberry-French, 4/7/03, 414.299.8053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)