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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

# 812292

(1)

FORTIS	BENEFITS INSURANCE CO	MPANY				<u> </u>	
Principal Place	e of Businoss	Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-{	Y INNI ENDIN DIDIN DIDIN DIDIN ANDI	
500 BIELENBERG DRIVE 500 BIELENBERG DR ST. PAUL MN 55125 ST. PAUL MN 55125-141 US							
		••			3. Date incorporated or Qualified	3a. Date of Last Report	
					10/23/1957	05/01/1996	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26 P.O. BOX 6	4271		81-0170040	Not Applica	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State	MN		6. Election Campaign Financing	\$5.00 May Be	
23		28 St. Paul			Trust Fund Contribution	Added to Fees	
Zip [24]	Country Zip (25 29 55164 30		Country 0		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		í,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	platered Agent	
THE	INSURANCE COMMISSIONER		81 N	ame			
	CAPITAL BUILDING		<b>82</b> S	treet Addre	ess (P.O. Box Number is Not Acceptab	le)	
TAL	LAHASSEE FL 32301		63	····		······································	
			84 C	ity		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-na	med corp	oration submits this statement for the p		red
	egisterod agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid	thorized by the da Statutes.	corporati	oration submits this statement for the p on's board of directors. I hereby accep	it the appointment as registere	id
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE I	Registered Agent sk	noature require	ed when reinstating)	DATE	-
12.	OFFICERS AND		13.	g-nature - p-q-n-t	ADDITIONS/CHANGES TO OFFIC		
THE	PD	DELETE	1.1 TITLE			Change Add	ilion
NAME	POLLOCK, ROBERT B.		1.2 NAME				
STREET ADDRESS	s 6010 WARD PARKWAY		1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY - ST - ZI	Р			
THILE	AS	☐ DELETE	2.1 TITLE			Change Addi	ibon
NAME	LAMOTT, JOE		2.2 NAME	- [			
STHEET ADDRESS			2.3 STREET ADD	PIESS			
CITY-ST-ZIP	EAGON MN 55122	DELETE	2. 4 CITY-ST-ZIP				
THILE	V	DE DECENE	3.1 TITLE			Change L Add	IIIOII
NAME	FAUST, JAMES R.		3.2 NAME				
STREET ADDRESS	10782 MOUNT CURVE BLVD. EDEN PRAIRIE MN		3.3 STREET ADD	ì			
City - ST - ZIP	EDEN FRAINE MN	☐ DELETE	3.4. CITY - ST - Z 4.1 TITLE	" <del>7</del>	reasurer	Change Add	ition
NAME			4 2 NAME		eninger, Michae.	- •	
STREET ADDRESS			4.3 STREET ADD	Marce 1	anal Catalina	, <b>,</b>	
CITY-S1-ZIP			4.4 CITY - ST - ZI	p /	2731 Catalina Leawood, KS 66	209	
TIFLE		☐ DELETE	5.1 TIFLE	·   - <del></del>	xumovu 60	☐ Change ☐ Add	lition
NAME			5.2 NAME			_ <del>-</del> <del>-</del>	
STREET ADORESS			5.3 STREET ADD	ress			
CHY-S1-ZIP			5.4 CITY - ST - ZI	1			
THILE		DELETE	6.1 TITLE			Change Add	ition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADD	RESS			

64 CITY-SI-ZIP

14. I do 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 erran attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Secretary 4-29-97 612-738-44

**FILED** 

May 16 1997 8:00am

Secretary of State

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### FORTIS BENEFITS INSURANCE COMPANY

# VICE-PRESIDENTS (cont.)

Timothy W. Knott 617 S.E. Country Lane Lee's Summit, MO 64083 William Daly Greiter 4108 - 62nd Street W. Edina, MN 55424 Clifford S. Korte 12∄10 Goddard Overland Park, KS 66213

Claudia Janet Alt 2525 N. Terrace Avenue Milwaukee, WI 53211

Francis Joseph Guthrie 637 West 57th Street Kansas City, MO 64113 Jon Howard Nicholson 13547 Gossamer Way Apple Valley, MN 55124

James Jay Brinkerhoff 12 Westminster Road Summit, NJ 07901 Alan M. Harrington 9120 Stanford Court Mequon, WI 53092 James E. Oatman 15750 Monet Court Brookfield, WI 53005

Benjamin Maurice Cutler II 6321 E. Calle Bruvira Lane Paradise Valley, AZ 85253 Gregory William Johnson N26-W30862 Longview Court Pewaukee, WI 53072 Rhonda Joy Schwartz 12400 W. Marion Lane, Apt. 3312 Minnetonka, Mn 55305

Debra Lee Foss 1695 Eleanor Avenue St. Paul, MN 55116 Thomas Michael Keller 3405 N. Lake Drive Milwaukee, WI 53211 Sylvia R. Wagner 5417 NE Northgate Crossing Lees Summit, MO 64064

Jack A Gochenaur 961 Tanglewood Court Oconomowoc, WI 53066

Dean C. Kopperud 9481 Painters Ridge Eden Prairie, MN 55347 Robert Rocco Zambri 4984 Somerset Drive Praire Village, KS 66207

## **FORTIS BENEFITS INSURANCE COMPANY**

### **DIRECTORS**

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Arie Fakkert Rohodnesedyk 66 3176 PN Poortugaaz, Netherlands Thomas Michael Keller 3405 N. Lake Drive Milwaukee, WI 53211 Henry C. Mackin 24 Dorchester Road Summit, NJ 07901

Allen Royal Freedman 35 Summit Road Summit, NJ 07901 Dean C. Kopperud 9481 Painters Ridge Eden Prairie, MN 55347 Robert B. Pollock 6010 Ward Parkway Kansas City, MO 64113