

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 812292 (1)
1. Corporation Name
FORTIS BENEFITS INSURANCE COMPANY



Principal Place of Business
500 BIELENBERG DRIVE
ST. PAUL MN 55125

Mailing Address
POB 64271
ST. PAUL MN 55164
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		25 P.O. Box 3050		10/23/1957	
22 City & State		27 Attn: Tax Department		4. FEI Number	
23 Zip		28 Milwaukee, WI		81-0170040	
24 Country		29 53201		Applied For	
		30 USA		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
THE INSURANCE COMMISSIONER THE CAPITAL BUILDING TALLAHASSEE FL 32301				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name				Commissioner of Insurance, Bill Nelson	
82 Street Address (P.O. Box Number is Not Acceptable)				Department of Insurance	
83				200 E. Gaines Street	
84 City				Tallahassee	
85 Zip Code				FL 32399-0300	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, ROBERT B.	1.2 NAME	
STREET ADDRESS	8016 WARD PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	2323 Grand Blvd KANSAS CITY MO 64108	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMOTT, JOE	2.2 NAME	
STREET ADDRESS	1061 RIDGECLIFFE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	500 Bielenberg Drive EAGON MN 55122 Woodbury, MN 55125	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENINGER, MICHAEL J	3.2 NAME	
STREET ADDRESS	12721 CATALINA	3.3 STREET ADDRESS	
CITY-ST-ZIP	2323 Grand Blvd KANSAS CITY, MO 64108	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zambri, Robert R	4.2 NAME	
STREET ADDRESS	2323 Grand Blvd	4.3 STREET ADDRESS	
CITY-ST-ZIP	Kansas City, MO 64108	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lau, Gary L.	5.2 NAME	
STREET ADDRESS	501 W. Michigan St	5.3 STREET ADDRESS	
CITY-ST-ZIP	Milwaukee, WI 53201	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

[Signature]

CR2E034 (10/97)