PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 1 PM 4:13

DOCUMENT # 812292

1. Corporation Name

FORTIS BENEFITS INSURANCE COMPANY

Principal Place of Business	Mailing Address
500 BIELENBERG DRIVE ST. PAUL MN 55125	PO BOX 3050 ATTN: TAX DEPT MILWAUKEE WI 53201 US

REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	P.O. Box 419052 Suite, Apt. #, etc.
City & State	City & State: Kansas City, MO
Zip / Country	Zip: 64141-6052 / Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 10/23/1957

5. FEI Number: 81-0170040 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~P~~D	POLLOCK, ROBERT B.	2323 GRAND BLVD	KANSAS CITY MO 64108
AS	~~LAMOTT, JOE~~ Jensen, Dorothy H.	~~500 BIELENBERG DRIVE~~ 2323 Grand Blvd.	~~WOODBURY MN 55125~~ Kansas City, MO 64108
~~T~~ V/D	PENINGER, MICHAEL J	2323 GRAND BLVD	KANSAS CITY MO 64108
S	~~ZAMBRI, ROBERT R~~ Atkinson, Jerome A.	~~2323 GRAND BLVD~~ One Chase Manhattan Plaza	~~KANSAS CITY MO 64108~~ New York, NY 10005
~~V~~ T	~~LAU, GARY L~~ Cains, Larry M.	~~501 W MICHIGAN ST~~ One Chase Manhattan Plaza	~~MILWAUKEE WI 53201~~ New York, NY 10005

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
THE INSURANCE COMMISSIONER DOI 200 E GAINES ST TALLAHASSEE FL 32399-0300	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/99)

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-11/08/99--01116--013
*****750.00 *****750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: NOT REQUIRED — Date:
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

AD

SIGNATURE: Michael J Peninger NOT REQUIRED — 10/19/99 (Date) — 816-474-2784 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael J. Peninger

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