

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90333 038 ***150.00

DOCUMENT # 812292

1. Entity Name

FORTIS BENEFITS INSURANCE COMPANY

Principal Place of Business

**500 BIELENBERG DRIVE
 ST. PAUL MN 55125**

Mailing Address

**PO BOX 419052
 KANSAS CITY MO 64141-6052
 US**

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 **81-0170040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. 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)

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	POLLOCK, ROBERT B.	
STREET ADDRESS	2323 GRAND BLVD	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	AS	☐ Delete
NAME	JENSEN, DOROTHY H	
STREET ADDRESS	2323 GRAND BLVD	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	VD	☐ Delete
NAME	PENINGER, MICHAEL J	
STREET ADDRESS	2323 GRAND BLVD	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	S	☐ Delete
NAME	ATKINSON, JEROME A	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	T	☐ Delete
NAME	CAINS, LARRY M	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorothy H. Jensen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 2001

Date

(816) 474-2359

Daytime Phone #

CR2E034 (10/00)