2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90938 003 ***150.00

061027 AT

DOCUMENT # 812292

1. Entity Name
FORTIS BENEFITS INSURANCE COMPANY

Principal Place of Business	Mailing Address
500 BIELENBERG DRIVE ST. PAUL MN 55125	PO BOX 419052 KANSAS CITY MO 64141-6052 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
576 Bielenberg Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Paul, MN	City & State
Zip: 55125 Country: USA	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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLLOCK, ROBERT B. 2323 GRAND BLVD KANSAS CITY MO 64108	☐ Delete	P/D Robert B. Pollock	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS JENSEN, DOROTHY H 2323 GRAND BLVD KANSAS CITY MO 64108	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PENINGER, MICHAEL J 2323 GRAND BLVD KANSAS CITY MO 64108	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ATKINSON, JEROME A ONE CHASE MANHATTAN PLAZA NEW YORK NY 10005	XX Delete	S Katherine L. Greenzang One Chase Manhattan Plaza New York, NY 10005	☐ Change	XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAINS, LARRY M ONE CHASE MANHATTAN PLAZA NEW YORK NY 10005	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E034 (9/01)

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 Dorothy H. Jensen 3/18/02 816-474-2359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #