

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812292

FILED
Apr 23, 2004
Secretary of State

Entity Name: FORTIS BENEFITS INSURANCE COMPANY

Current Principal Place of Business:

576 BIELENBERG DRIVE
ST. PAUL, MN 55125

New Principal Place of Business:

576 BIELENBERG DRIVE
WOODBURY, MN 55125

Current Mailing Address:

PO BOX 419052
KANSAS CITY, MO 641416052 US

New Mailing Address:

FEI Number: 81-0170040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POLLOCK, ROBERT B.,
Address: 2323 GRAND BLVD
City-St-Zip: KANSAS CITY, MO 64108

Title: AS () Delete
Name: JENSEN, DOROTHY H
Address: 2323 GRAND BLVD
City-St-Zip: KANSAS CITY, MO 64108

Title: VD () Delete
Name: PENINGER, MICHAEL J
Address: 2323 GRAND BLVD
City-St-Zip: KANSAS CITY, MO 64108

Title: S () Delete
Name: GREENZANG, KATHERINE L
Address: ONE CHASE MANHATTAN PLAZA
City-St-Zip: NEW YORK, NY 10005

Title: T () Delete
Name: CAINS, LARRY M
Address: ONE CHASE MANHATTAN PLAZA
City-St-Zip: NEW YORK, NY 10005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POLLOCK, ROBERT B
Address: 2323 GRAND BLVD
City-St-Zip: KANSAS CITY, MO 64108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JACOBSON, RANELL M
Address: 576 BIELENBERG DRIVE
City-St-Zip: WOODBURY, MN 55125

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. PENINGER

VD

04/23/2004

Electronic Signature of Signing Officer or Director

_____ Date