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TRANSMITTAL LETTER

10:	Division of Corporations	
SUBJ	BJECT: Fortis Benefits Insurance Company	
	(Name of corporat	ion)
DOC	CUMENT NUMBER: 812292	
The e	e enclosed Amendment and fee are submitted for filing	5.
Please	ase return all correspondence concerning this matter t	o the following:
Conni	nnie J. Turnipseed, Compliance Specialist (Name of persor	
	(Name of person	1)
Fortis	rtis Benefits Insurance Company	·
	(Name of firm/comp	pany)
РО Во	Box 419052	
	(Address)	
Kansa	nsas City, MO 64141-6052	
	(City/state and zip o	code)
For fu	further information concerning this matter, please ca	П:
Conni	nnie J. Turnipseed at (816) 474-2426 a code & daytime telephone number)
	(Name of person) (Area	a code & daytime telephone number)
Enclo	closed is a check for the following amount:	
	Certificate of Status Certificate of Certificate Of Status	5.75 Filing Fee & criffied Copy dditional copy is aclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	Amendment Section Ame Division of Corporations Divi P.O. Box 6327 409	et Address: endment Section sion of Corporations E. Gaines Street hassee, FL 32399

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

	SECTION I UST BE COMPLETED)	NIED MIII: 22
819222	_	
(Document num	nber of corporation (if known))	22 ORIDA
1 Fortis Benefits Insurance Company		· · · · · · · · · · · · · · · · · · ·
(Name of corporation as it appe	ears on the records of the Department	of State)
Minnest	A01001E7	
2. Minnesota (Incorporated under laws of)	3_10/23/57 (Date authorized to d	lo business in Florida)
·		
•	SECTION II	
	ILY THE APPLICABLE CHANGES)	l
4. If the amendment changes the name of the corporati	ion, when was the change effect	ed under the laws of
its jurisdiction of incorporation?	<u> </u>	***
5	577 46	36 b:
(Name of corporation after the amendment, adding appropriate abbreviation, if not contained in new n	suffix "corporation," "company lame of the corporation)	," or "incorporated," or
(If new name is unavailable in Florida, enter alternat business in Florida)	te corporate name adopted for th	ne purpose of transacting
6. If the amendment changes the period of duration, in	dicate new period of duration.	
	(New duration)	
7. If the amendment changes the jurisdiction of incorp	oration, indicate new jurisdictio	n.
lowa		
	(New jurisdiction)	
Dorothy 71. Jense	11/04/04	
(Signature of a director, president or other officer - if i of a receiver or other court appointed fiduciary, by the	in the hands at fiduciary)	(Date)
Dorothy H. Jensen		Compliance Officer
(Typed or printed name of person sign	ung) (Titl	e of person signing)



No. W00403410 Date: 10/01/2004

SECRETARY OF STATE

490 DP-000300402 FORTIS BENEFITS INSURANCE COMAPNY

ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document

Articles of Incorporation

The document was filed on October 1, 2004, at 03:00 PM, to be effective as of October 1, 2004, at 03:00 PM.

The amount of \$50.00 was received in full payment of the filing fee. This acknowledgment is issued in accordance with Iowa Code section 490.902.



CHESTER J. CULVER

SECRETARY OF STATE



300402

SECRETARY OF STATE

04 OCT - 1 PM 3: 00

THE RESTATED

ARTICLES OF INCORPORATION OF FORTIS BENEFITS INSURANCE COMPANY

We, Robert B. Pollock and Katherine L. Greenzang President and Secretary, respectively, of FORTIS BENEFITS INSURANCE COMPANY, a corporation organized and existing under the laws of the State of Minnesota, hereby certify that said Company through written consent of the sole stockholder executed on the 30th day of September, 2004, and acting pursuant to Section 490.1007 of the lowa Business Corporation Act, restated its Articles of Incorporation as follows:

RESTATED ARTICLES OF INCORPORATION OF FORTIS BENEFITS INSURANCE COMPANY ADOPTED PURSUANT TO SECTION 490.1007 OF THE IOWA BUSINESS CORPORATION ACT, AND IN COMPLIANCE WITH SECTION 508.3 OF THE IOWA INSURANCE CODE.

ARTICLE I.

The name of the corporation shall be FORTIS BENEFITS INSURANCE COMPANY.

ARTICLE II.

The name of the business, objects, and purposes proposed to be transacted, promoted and carried on are:

- (1) To make contracts of life and endowment insurance, to grant, purchase, or dispose of annuities or endowments of any kind; and, in such contracts, or in contracts supplemental thereto to provide for additional benefits in the event of death of the insured by accidental means, total and permanent disability of the insured, or specific dismemberment or disablement suffered by the insured.
- (2) To insure against loss or damage by the sickness, bodily injury, or death by accident of the insured or his dependents.
- (3) To make or effect reinsurance of any risks.



- (4) In addition to all powers it shall have power to transact within and without the State of Iowa, any kinds or classes of insurance business which companies of its kind are now or may hereafter be permitted by law to transact, whether or not such kinds of classes of insurance are specifically enumerated elsewhere in these Articles of Incorporation or existing amendments thereto.
- (5) Any policy issued by the Company may cover any one or more of the risks it is authorized to insure.
- (6) The powers herein conferred upon the Company are in furtherance and not in limitation of the powers conferred by the statutes of the State of Iowa as from time to time in force and effect, and the Company shall have in addition to such authorized statutory powers as are in these Articles of Incorporation recited, all other powers and privileges conferred by the statutes of the State of Iowa now existing or hereinafter enacted.

ARTICLE HI.

The address of the registered office and principal place of business of the Corporation in the State of Iowa is 729 Insurance Exchange Building, Des Moines, Iowa 50309, and the name of the registered agent at this address is Corporate Service Company.

ARTICLE IV.

The existence of this corporation shall be perpetual.

ARTICLE V.

The names and places of residence of each of the incorporators are as follows:

Name

Place of Residence

R. B. Richardson

Helena, Montana

A. B. Jackson R. M. Hubbs St. Paul, Minnesota St. Paul, Minnesota

ARTICLE VI.

The management of the Company shall be vested in a Board of Directors. The number of Directors shall be not less than three (3) and shall be fixed by the Bylaws. Directors shall hold office until the annual meeting of the stockholders to be held on the first Wednesday after the first Tuesday in February, and until their successors shall have been elected and qualified. Subsequent Annual Meetings of the stockholders shall be held each year at such time and place within and without the State of Iowa as the Board of Directors shall determine.

ARTICLE VII.

The corporation shall have the authority to issue capital stock in the amount of five million dollars (\$5,000,000.00) comprised of one million (1,000,000) shares of capital stock of the par value of five dollars (\$5.00) per share, all of which shares shall be of one class and shall be designated as Common Stock.

ARTICLE VIII.

The highest amount of indebtedness and liability to which the corporation shall at any time be subject, exclusive of policy liabilities and other reserves, shall be One Hundred Million Dollars (\$100,000,000).

ARTICLE IV.

The above and foregoing duly adopted Restated Articles of Incorporation supersede the original and all prior versions of the Articles of Incorporation and all amendments thereto.

Certification

We, Robert B. Pollock and Katherine L. Greenzang, President and Secretary, respectively, of Fortis Benefits Insurance Company, a corporation organized and existing under the laws of the State of Minnesota, hereby certify that by Written Statement of Consent of the sole stockholder executed on September 30, 2004, the stockholder adopted a Resolution to Restate the Articles of Incorporation of said Company as herein above indicated with the vote of the stockholder being as follows:

We, Robert B. Pollock and Katherine L. Greenzang, President and Secretary respectively of Fortis Benefits Insurance Company, do hereby certify that the foregoing Restated Articles of Incorporation are a true and correct copy of the Restated Articles of Incorporation as of this 30th day of September, 2004

30" day of September, 2004.	
	Fortis Benefits Insurance Company
(Corporate Seal)	Du - Andrida L
	By: Robert B. Pollock, President
	Fortis Benefits Insurance Company
	Dated: 0/29/04
	By: Khen Gran
	Katherine L. Greenzang, Secretary
	Fortis Benefits Insurance Company
	Dated: 9/29/04
VERIFIC	CATION
STATE OF New York	
COUNTY OF New York) ss.	i
On <u>Leptember 29</u> , 2004, be Notary Public, personally appeared <u>Rubert Po</u>	fore me, Lisa Richter a
Notary Public, personally appeared hober for	lock and Katherine Preenzang,
personally known to me to be the person whose	name is subscribed to the Within instrument
and acknowledged to me that he/she executed the	he same in his/her authorized capacity, and
that by his/her signature, on the instrument the p	erson or the entity upon behalf of which the
person acted, executed the instrument.	;
WITNESS my hand and official seal.	1 1
	Simon Milkon
LISA P. RICHTER Notary Public - State of New York	(this area for official notarial seal)
No. 91Hibuub/63	(tine area for original socialist seat)
Qualified in Kings County My Commission Expires 5-4-04	(1) K.

CERTIFICATE OF APPROVAL ATTORNEY GENERAL

Pursuant to provisions of the Iowa Code, the undersigned approves the Restated Articles of Incorporation of Fortis Benefits Insurance Company (effective October 1, 2004) and finds them in conformance with the laws and Constitution of the State of Jowa.

> THOMAS J. MILLER Attorney General of Iowa

Assistant Attorney General

CERTIFICATE OF APPROVAL COMMISSIONER OF INSURANCE

Pursuant to provisions of the Iowa Code, the undersigned approves the Restated Articles of Incorporation of Fortis Benefits Insurance Company (effective October 1, 2004).

> THERESE M. VAUGHAN Commissioner of Insurance

By:

AMES N. ARMSTRONG

Deputy Commissioner of Insurance