## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#812292**

Entity Name: FORTIS BENEFITS INSURANCE COMPANY

FILED Apr 25, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 576 BIELENBERG DRIVE 2323 GRAND BOULEVARD WOODBURY, MN 55125 KANSAS CITY, MO 641082670 US **Current Mailing Address: New Mailing Address:** PO BOX 419052 KANSAS CITY, MO 641416052 US FEI Number: 81-0170040 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition POLLOCK, ROBERT B POLLOCK, ROBERT B Name: Name: 2323 GRAND BLVD 2323 GRAND BLVD Address: Address: City-St-Zip: KANSAS CITY, MO 64108 City-St-Zip: KANSAS CITY, MO 641082670 US Title: Title: () Delete AS (X) Change ( ) Addition Name: JENSEN, DOROTHY H Name: BOLDEN, TIMOTHY H 2323 GRAND BLVD 2323 GRAND BLVD Address: Address: KANSAS CITY, MO 64108 KANSAS CITY, MO 641082670 US City-St-Zip: City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition VD. Title: VD PENINGER, MICHAEL J PENINGER, MICHAEL J Name: Name: 2323 GRAND BLVD 2323 GRAND BLVD Address: Address: City-St-Zip: KANSAS CITY, MO 64108 City-St-Zip: KANSAS CITY, MO 641082670 US Title: () Delete Title: (X) Change ( ) Addition GREENZANG, KATHERINE L GREENZANG, KATHERINE L Name: Name: Address: ONE CHASE MANHATTAN PLAZA Address: ONE CHASE MANHATTAN PLAZA City-St-Zip: NEW YORK, NY 10005 City-St-Zip: NEW YORK, NY 10005 US Title: Title: (X) Change ( ) Addition ( ) Delete

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.

Name:

Address:

City-St-Zip:

JACOBSON, RANELL M

576 BIELENBERG DRIVE

WOODBURY, MN 55125 US

SIGNATURE: TIMOTHY H. BOLDEN AS 04/25/2005

JACOBSON, RANELL M

576 BIELENBERG DRIVE

WOODBURY, MN 55125

Name:

Address: City-St-Zip: