

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90060 001 ***150.00

DOCUMENT # 832057

1. Entity Name
ACORDIA OF MINNESOTA, INC.

Principal Place of Business

Mailing Address

7701 YORK AVE SOUTH
STE 200
MINNEAPOLIS MN 55435
US

7701 YORK AVE SOUTH
STE 200
MINNEAPOLIS MN 55435
US

00063644



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4300 MarketPoint Drive

3. Mailing Address

4300 MarketPoint Drive

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

Bloomington, MN

City & State

Bloomington, MN

4. FEI Number

41-0741700

Applied For

Not Applicable

Zip

55435

Country

US

Zip

55435

Country

US

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 NAME STREET ADDRESS CITY-ST-ZIP	P GATES, GREGORY L 7701 YORK AVENUE SOUTH MINNEAPOLIS MN 55435	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRODERICK, DEBORAH M 111 MONUMENT CIRCLE STE 3200 INDIANAPOLIS IN 46202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EATON, NANCY K 111 MONUMENT CIRCLE INDIANAPOLIS IN 46202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYNDERS, JOAN M 7701 YORK AVE SOUTH MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, JOHN D 7701 YORK AVE SOUTH MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Frank C. Witthun 150 N. Michigan Ave. Suite 4100 Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Deborah M. Broderick 150 N. Michigan Ave. Suite 4100 Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Robert M. Greco 150 N. Michigan Ave. Suite 4100 Chicago, IL 60601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Joan M. Reynders 4300 MarketPoint Drive, Suite 600 Bloomington, MN 55435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John D. Moore 4300 MarketPoint Drive, Suite 600 Bloomington, MN 55435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kathleen J. Krishnan 150 N. Michigan Ave. Suite 4100 Chicago, IL 60601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Robert M. Greco / Robert M. Greco

Date

3/15/01

Daytime Phone #

312/493-2537

CR2E034 (10/00)