

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 91006 001 ***150.00

DOCUMENT # 832057

1. Entity Name
ACORDIA OF MINNESOTA, INC.

Principal Place of Business
4300 MARKET POINT DRIVE
STE 600
BLOOMINGTON MN 55435
US

Mailing Address
4300 MARKET POINT DRIVE
STE 600
BLOOMINGTON MN 55435
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-0741700

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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 **P** ☐ Delete
 NAME **WITTHUN, FRANK C**
 STREET ADDRESS **150 N MICHIGAN AVE STE 4100**
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **BRODERICK, DEBORAH M**
 STREET ADDRESS **150 N MICHIGAN AVE STE 4100**
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **GRECO, ROBERT M**
 STREET ADDRESS **150 N MICHIGAN AVE STE 4100**
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **REYNDERS, JOAN M**
 STREET ADDRESS **4300 MARKET POINT DR STE 600**
 CITY-ST-ZIP **BLOOMINGTON MN 55435**

TITLE ☐ Change ☒ Addition
 NAME **Vice President**
 STREET ADDRESS **Band, Josh**
 CITY-ST-ZIP **4300 Market Pointe Dr. Ste 600**
Bloomington Mn 55435

TITLE **V** ☒ Delete
 NAME **MOORE, JOHN D**
 STREET ADDRESS **4300 MARKET POINT DR STE 600**
 CITY-ST-ZIP **BLOOMINGTON MN 55435**

TITLE ☐ Change ☒ Addition
 NAME **Sr. Vice President**
 STREET ADDRESS **Brazill, Patrick J.**
 CITY-ST-ZIP **150 N. Michigan Ave Ste 4100**
Chicago, IL 60601

TITLE **D** ☒ Delete
 NAME **KRISHNAN, KATHLEEN J**
 STREET ADDRESS **150 N MICHIGAN AVE STE 4100**
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Greco, Robert M.**
 CITY-ST-ZIP **150 N. Michigan Ave Ste 4100**
Chicago, IL 60601

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/02 952-830-3000

CR2E034 (9/01)