## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **Secretary of State DOCUMENT #832057** 02-24-2005 90040 025 \*\*\*150.00 1. Entity Name ACORDIA OF MINNESOTA, INC. Principal Place of Business Mailing Address 40022776 4300 MARKETPOINT DRIVE 4300 MARKETPOINT DRIVE **STE 600 STE 600** BLOOMINGTON, MN 55435 BLOOMINGTON, MN 55435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152005 CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 41-0741700 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Channe TITLE ☐ Addition TITLE Delete CONBOY, KEVIN W NAME NAME 150 N MICHIGAN AVE STE 4100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60601 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRODERICK, DEBORAH M NAME NAME STREET ADDRESS 150 N MICHIGAN AVE STE 4100 STREET ADDRESS CHICAGO, IL 60601 CITY-ST-ZIP CITY-ST-ZIP \_\_\_\_ Changa\_\_\_\_ \_\_ Addition ☐ Delete TITLE TITLE GRECO, ROBERT M NAME NAME STREET ADDRESS 150 N MICHIGAN AVE STE 4100 STREET ADDRESS CITY+ST-ZIP CITY-ST-7IP CHICAGO, IL 60601 **Addition** VΡ TITLE TITLE Delete Burkhardt, Keith BAND, JOSH NAME 4300 market Pointe Orive. Suite 600 STREET ADDRESS 4300 MARKET POINTE DR STE 600 STREET ADDRESS CITY-ST-ZIP BLOOMINGTON, MN 55435 CITY-ST-ZIP Bloomination, MN\_ Treasurer ☐ Change ☑ Addition TITLE VΡ ☐ Defete TITLE REYNDERS, JOAN M NAME Ostermeier, Christine NAME 150 N. Michigan Avenue, Suite 4100 Chicago. IL 60601 STREET ADDRESS STREET ADDRESS 4300 MARKET POINTE DR STE 600 CITY-ST-ZIP BLOOMINGTON, MN 55435 CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE GRECO, ROBERT NAME NAME STREET ADDRESS 150 N MICHIGAN AVE STE 4100 STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60601 12. 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 10 or Block 11 if

FILED Feb 24, 2005 8:00 am

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