FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21 1997 8:00am
Secretary of State

DOCUMENT # **842298** **(2)**

1. Corporation Name
ACORDIA OF DALLAS, INC.

Principal Place of Business	Mailing Address
400 GALLERIA OFFICENTRE, SUITE 500 P.O. BOX 5007 SOUTHFIELD MI 48086-5007	400 GALLERIA OFFICENTRE SUTIE 500, PO BOX 500 SOUTHFIELD MI 48034-8473 US

3. Date Incorporated or Qualified: **12/29/1978**
3a. Date of Last Report: **04/03/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **94-2487580** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	WILKINS, H THOMAS III		12 NAME	
STREET ADDRESS	5605 N MACARTHUR BLVD SUTE 870		13 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX		14 CITY-ST-ZIP	
TITLE	V	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	OTTMAN, ROBERT M		22 NAME	
STREET ADDRESS	5650 MACARTHUR BLVD SUITE 870		23 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX		24 CITY-ST-ZIP	
TITLE	T	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LANKENKAMP, JIM		32 NAME	
STREET ADDRESS	5656 SOUTH STAPLES SUITE 330		33 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHIRSTI TX		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	STUPM, DANA		42 NAME	
STREET ADDRESS	5656 S STAPLES SUITE 330		43 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX		44 CITY-ST-ZIP	
TITLE	S	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	WILHITE, NANCY K		52 NAME	
STREET ADDRESS	ACORIDA, INC., 120 MONUMENT CIRCLE		53 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN		54 CITY-ST-ZIP	
TITLE	T	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	VANNEMAN, THOMAS E		62 NAME	
STREET ADDRESS	ACORDIA, INC., 120 MONUMENT CIRCLE		63 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIA IN		64 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J.T. Wallenda REQUIRED 2-14-97 972-580-1089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #