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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mort
Secretary of St
DIVISION OF CORPORATIONS

DOCUMENT # **S09307** **(7)**

1. Corporation Name
ACORDIA SOUTHEAST, INC.

Principal Place of Business	Mailing Address
311 PARK PLACE BLVD. SUITE 400 CLEARWATER FL 34619 US	311 PARK PLACE BLVD. SUITE 400 CLEARWATER FL 34619-3923 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / City 29 / 30

3. Date Incorporated or Qualified: **10/23/1990**
3a. Date of Last Report: **03/06/1996**
4. FEI Number: **94-3130604** ☐ 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
31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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		
TITLE	C	☒ DELETE
NAME	TRIGG, DONALD C.	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	☒ DELETE
NAME	WITTHUN, FRANK C.	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	☒ DELETE
NAME	STUMP, DANA L.	
STREET ADDRESS	5656 S. STAPLES, SUITE 330	
CITY-ST-ZIP	CORPUS CHRISTI TX	
TITLE	DP	☐ DELETE
NAME	HARPER, JAMES R.	
STREET ADDRESS	311 PARK PLACE BLVD, SUITE 400	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	☒ DELETE
NAME	VANNEMAN, THOMAS E.	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	☐ Change ☒ Addition
C Duffy, Patrick C. 995 N. A1A # 510 Indialantic, FL 32903	
D Cope, Richard W. 1188 Mandalay Dr. Clearwater, FL 34630	☐ Change ☒ Addition
D DuBow, Lawrence L. 6780 Epping Forest Way N. Jacksonville, FL 32217	☐ Change ☒ Addition
S Monroe, Ellen 120 Monument Circle Indianapolis, IN 46204	☐ Change ☒ Addition
D Nord, Sherry 3902 Saddle Ridge St. Valrico, FL 33594	☐ Change ☒ Addition
VP Fillmore, Frederick R. 2723 Sand Hollow St. Clearwater, FL 34621	☐ Change ☒ Addition

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: Frederick R. Fillmore Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR