

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000004620 (0)

1. Corporation Name

ACORDIA OF SOUTHERN CALIFORNIA, INC.

Principal Place of Business

3 PARK PLAZA, STE 1200  
IRVINE CA 92714

Mailing Address

3 PARK PLAZA, STE 1200  
IRVINE CA 92714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1994

4. FEI Number

68-0231273

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CASSIDY, PHILLIP M	
STREET ADDRESS	3 PARK PLAZA, STE 1200	
CITY-ST-ZIP	IRVINE CA	
TITLE	VAT	<input checked="" type="checkbox"/> DELETE
NAME	MILLAR, DONALD W	
STREET ADDRESS	3 PARK PLAZA, STE 1200	
CITY-ST-ZIP	IRVINE CA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BETHANY E. ALLSPAUGH	
STREET ADDRESS	120 MONUMENT CIR.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT S. SCHNEIDER	
STREET ADDRESS	120 MONUMENT CIR.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOVEJOY, AARON	
STREET ADDRESS	2101 E. 4TH STREET BLDG., STE 215	
CITY-ST-ZIP	SANTA ANA CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKEE, KATHRYN D	
STREET ADDRESS	707 WILSHIRE BLVD., W5-15	
CITY-ST-ZIP	LOS ANGELES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James F. Wells	
1.3 STREET ADDRESS	9 Walters Road	
1.4 CITY-ST-ZIP	ROSS, CA 94957-0737	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James A. Gresko	
2.3 STREET ADDRESS	525 Market Street, #2200	
2.4 CITY-ST-ZIP	San Francisco, CA 94105	
3.1 TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nancy K. Eaton	
3.3 STREET ADDRESS	4608 Common Vista Circle	
3.4 CITY-ST-ZIP	Indianapolis, IN 46220	
4.1 TITLE	T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Keith Maib	
4.3 STREET ADDRESS	11109 Catamaran Court	
4.4 CITY-ST-ZIP	Indianapolis, IN 46236	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Alan F. Shirek	
5.3 STREET ADDRESS	345 Ridge Road	
5.4 CITY-ST-ZIP	Tiburon, CA 94920	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 attached sheet with an address.

SIGNATURE

*[Signature]*

CP2E034 (10/97)