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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **L98475** **(1)**

1. Corporation Name

ACORDIA BENEFITS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
6440 SOUTHPOINT PKWY. 300 JACKSONVILLE FL 32216 US	6440 SOUTHPOINT PKWY. 300 JACKSONVILLE FL 32216 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/10/1990
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: 32216
Country — 25:
Zip — 29: 32216
Country — 30:

4. FEI Number: 75-2348378 ☐ 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

EMERSON, JOHN J.
6440 SOUTHPOINT PARKWAY
JACKSONVILLE FL 32216

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	11 TITLE	President & CEO	☒ Change ☐ Addition
NAME	EMERSON, JOHN J.	12 NAME	Cuny, John D.	
STREET ADDRESS	6440 SOUTHPOINT PKY	13 STREET ADDRESS	6440 Southpoint Pky	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	HOTCHKISS, WILLIAM E.	22 NAME		
STREET ADDRESS	6440 SOUTHPOINT PARKWAY	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	V	☒ Change ☐ Addition
NAME	GOLDMAN, EILEEN B.	32 NAME	McNaughton, James K.	
STREET ADDRESS	6440 SOUTHPOINT PARKWAY	33 STREET ADDRESS	6440 Southpoint Pky	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	V	41 TITLE	V	☒ Change ☐ Addition
NAME	HICKOX, PATRICIA A.	42 NAME	Kollen, Glenn H.	
STREET ADDRESS	6440 SOUTHPOINT PARKWAY	43 STREET ADDRESS	6440 Southpoint Pky	
CITY-ST-ZIP	JACKSONVILLE, FL	44 CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	C	51 TITLE		☒ Change ☐ Addition
NAME	TRIGG, DONALD C.	52 NAME		
STREET ADDRESS	120 MONUMENT CIRCLE	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	Indianapolis, IN 46204	
TITLE	T	61 TITLE		☒ Change ☐ Addition
NAME	VANNEMAN, THOMAS E.	62 NAME		
STREET ADDRESS	120 MONUMENT CIRCLE	63 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, IN	64 CITY-ST-ZIP	46204	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William E. Hotchkiss 4/16/95 904 279 2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William E. Hotchkiss, II, VP & CFO

0018770 CP

L98475

Corporate Annual Report – 1995
Acordia Benefits of Florida, Inc.

Additional Information

Question 12

	Officers and Directors	Additions / Changes to Officers and Directors
Title Name Street Address City – State – Zip	Director Daniel W. Kendall 6408 Forest Commmons Blvd. Indianapolis – IN – 46227	
Title Name Street Address City – State – Zip	Director Robert A. Marshell 3509 Kilkenny East Tallahallee – FL – 32308	Tallahassee – FL – 32308
Title Name Street Address City – State – Zip	Director Lawrence J. Dubow 4144 San Bernado Drive Jacksonville – Fl – 32308	
Title Name Street Address City – State – Zip	Director James R. Harper 540 Palmetto Road Belle Air – Fl – 34616	
Title Name Street Address City – State – Zip	Director Robert O. Purcifull 12940 River Place Court Jacksonville – Fl – 32223	
Title Name Street Address City – State – Zip		V Stanley G. Dennis 6440 Southpoint Pky Jacksonville – Fl – 32216
Title Name Street Address City – State – Zip		S Nancy K. Wilhite 120 Monument Circle Indianapolis – IN – 46204