

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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**

3. Date Incorporated or Qualified  
**09/10/1990**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21 **10151 Deerwood Park Blvd**

26 **10151 Deerwood Park Blvd**

22 Suite, Apt., #, etc.  
**Bldg 200, Suite 400**

27 Suite, Apt., #, etc.  
**Bldg 200, suite 400**

23 City & State  
**Jacksonville, FL**

28 City & State  
**Jacksonville, FL**

24 Zip  
**32256**

25 Country  
**US**

29 Zip  
**32256**

30 Country  
**US**

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

**CT CORPORATION SYSTEM**

82 Street, Apt., #, etc. (Box Number is Not Applicable)

**1200 S. Pine Island Rd.**

83

84 City

**Plantation**

**FL**

85 Zip Code  
**33324**

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

*Jeffrey H. Terry*

**JEFFREY H. TERRY**

**4/25/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EMERSON, JOHN J.</b>	
STREET ADDRESS	<b>6440 SOUTHPOINT PKY</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HOTCHKISS, WILLIAM E.</b>	
STREET ADDRESS	<b>6440 SOUTHPOINT PARKWAY</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOLDMAN, EILEEN B.</b>	
STREET ADDRESS	<b>6440 SOUTHPOINT PARKWAY</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HICKOX, PATRICIA A.</b>	
STREET ADDRESS	<b>6440 SOUTHPOINT PARKWAY</b>	
CITY - ST - ZIP	<b>JACKSONVILLE, FL</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TRIGG, DONALD C.</b>	
STREET ADDRESS	<b>120 MONUMENT CIRCLE</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VANNEMAN, THOMAS E.</b>	
STREET ADDRESS	<b>120 MONUMENT CIRCLE</b>	
CITY - ST - ZIP	<b>INDIANAPOLIS, IN</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Cuny, D. John</b>	
1.3 STREET ADDRESS	<b>Bldg 200</b>	
1.4 CITY - ST - ZIP	<b>10151 Deerwood Park Boulevard, suite 400</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>10151 Deerwood Park Blvd, suite 400</b>	
2.3 STREET ADDRESS	<b>Jacksonville, FL 32256</b>	
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>McNaughton, James K.</b>	
3.3 STREET ADDRESS	<b>Bldg 200</b>	
3.4 CITY - ST - ZIP	<b>10151 Deerwood Park Blvd. suite 400</b>	
4.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Kollen, Glenn H.</b>	
4.3 STREET ADDRESS	<b>Bldg 200</b>	
4.4 CITY - ST - ZIP	<b>10151 Deerwood Park Blvd, suite 400</b>	
5.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Dennis, Stanley G.</b>	
5.3 STREET ADDRESS	<b>Bldg 200</b>	
5.4 CITY - ST - ZIP	<b>10151 Deerwood Park Blvd, suite 400</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Kendall, Daniel W.</b>	
6.3 STREET ADDRESS	<b>6408 Forest Commons Blvd.</b>	
6.4 CITY - ST - ZIP	<b>Indianapolis, IN 46227</b>	

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)(k), 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. Horning*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/26/96**

Daytime Phone #

**(904) 270-2020**

CR2E034 (12/95)