


## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 NOV 17 PM 1:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <u>L98475</u>					
<b>1. Corporation Name</b> Acordia Benefits of Florida, INC.					
<b>Principal Place of Business</b> 10151 Dearwood Park Blvd., Building 200, Suite 400, Jacksonville, FL 32256			<b>Mailing Address</b> See Above		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
<b>2. New Principal Office Address, If Applicable</b> Suite, Apt. #, etc. City & State Zip Country		<b>3. New Mailing Address, If Applicable</b> 120 Monument Circle Suite, Apt. #, etc. City & State Indianapolis IN Zip 46204 Country Marion		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> September 10, 1990 <b>5. FEI Number</b> 35-1835818 <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	
<b>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)</b>					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip		
Director	Douglas R. Fauth	120 Monument Circle	Indianapolis, In. 46204		
Director	Earnest J Newborn, Jr.	120 Monument Circle	Indianapolis, In. 46204		
Director	Robert S. Schneider	120 Monument Circle	Indianapolis, In. 46204		
President	Robert S. Schneider	Same as above	Indianapolis, In. 46204		
Treasurer	George D. Martin	Same as above	Indianapolis, In. 46204		
Secretary	M. Ellen Monroe	Same as above	Indianapolis, In. 46204		
<b>8. Name and Address of Current Registered Agent</b> CT Corporation System, 1200 South Pine Island Road, Plantation, FL 33324			<b>9. Name and Address of New Registered Agent</b> Name <u>97</u> Street Address (Post Office Box is Not Acceptable) Suite, Apt. #, Etc. <u>5071-17-97</u> City <u>FL</u> State <u>FL</u> Zip Code		
<b>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</b> Signature of Registered Agent <u>Connie Bryan</u> SPECIAL ASSISTANT SECRETARY Date <u>11/17/97</u> REGISTERED AGENT MUST SIGN					
<b>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
<b>12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b> M. Ellen Monroe SIGNATURE: <u>M. Ellen Monroe</u> Secretary Date <u>November 13, 1997</u> (317) 488-6168 SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Daytime Phone #					