FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28858** **(9)**

1. Corporation Name
ACORDIA SENIOR BENEFITS, INC.

Principal Place of Business	Mailing Address
6720 PARKDALE PLACE INDIANAPOLIS IN 46254	6720 PARKDALE PLACE INDIANAPOLIS IN 46254

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/05/1990	03/07/1994

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 24 / County 25	Zip 29 / County 30

4. FEI Number **35-1758222** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. 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 _____ 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	1.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, JOHN MICHAEL	1.2 NAME		
STREET ADDRESS	1473 STORMY RIDGE CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☑ Change ☐ Addition
NAME	ZIERDY, MICHELE	2.2 NAME	zierdt, Michele	(name spelling correction)
STREET ADDRESS	611 N. PENNSYLVANIA , #304	2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	VANNEMAN, THOMAS	3.2 NAME		
STREET ADDRESS	5286 WOODFIELD DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	COBURN, MARK S.	4.2 NAME		
STREET ADDRESS	5372 WOODFIELD N. DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN	4.4 CITY-ST-ZIP		
TITLE	COO	5.1 TITLE		☐ Change ☐ Addition
NAME	GROTZ, DONNA LYNNE	5.2 NAME		
STREET ADDRESS	8916 LANTERN LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE	VP	☑ Change ☐ Addition
NAME	TOOLAN, DEBRA ANN	6.2 NAME	Linda Jane Mann	
STREET ADDRESS	695 WHITESTOWN RD.	6.3 STREET ADDRESS	315 Paintree Dr.	
CITY-ST-ZIP	ZIONSVILLE IN	6.4 CITY-ST-ZIP	Zionsville, IN 46077	

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: Marcus Coburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0475700 PP