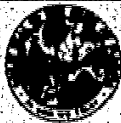


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

**6720 PARKDALE PLACE
INDIANAPOLIS IN 46254**

Mailing Address

**6720 PARKDALE PLACE
INDIANAPOLIS IN 46254**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/05/1990

3a. Date of Last Report

03/07/1994

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**

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P

**MURPHY, JOHN MICHAEL
1473 STORMY RIDGE CT.
CARMEL IN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S

**ZIERDY, MICHELE
811 N. PENNSYLVANIA, #304
INDIANAPOLIS IN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T

**VANNEMAN, THOMAS
5286 WOODFIELD DR.
CARMEL IN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V

**COBURN, MARK S.
5372 WOODFIELD N. DR.
CARMEL IN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

COO

**GROTZ, DONNA LYNN
8816 LANTERN LANE
INDIANAPOLIS IN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V

**TOOLAN, DEBRA ANN
885 WHITESTOWN RD.
ZIONSVILLE IN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

zierdt, Michele

☒ Change ☐ Addition

(name
spelling
correction)

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

**VP
Linda Jane Mann
345 Paintree Dr.
Zionsville, IN 46077**

☒ Change ☐ Addition

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 110.07(3)(k), Florida Statutes. I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Type or Print Name)