

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morone Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S09307** (7)
1. Corporation Name
ACORDIA SOUTHEAST, INC.



Principal Place of Business 311 PARK PLACE BLVD. SUITE 400 CLEARWATER FL 34619 US	Mailing Address 311 PARK PLACE BLVD. SUITE 400 CLEARWATER FL 34619-3923 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/23/1990	3a. Date of Last Report 03/06/1996
4. FEI Number 94-3130804	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
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
1. Name
2. Street Address (P.O. Box Number is Not Acceptable)
3.
4. City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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: _____
(NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1. NAME	C
NAME	TRIGG, DONALD C.	1.1 NAME	Duffy, Patrick C.
STREET ADDRESS	120 MONUMENT CIRCLE	1.2 STREET ADDRESS	995 N. AIA # 510
CITY - ST - ZIP	INDIANAPOLIS IN	1.3 CITY - ST - ZIP	Indianapolis, IN 46203
TITLE	D	2. NAME	D
NAME	WITTHUN, FRANK C.	2.1 NAME	Cope, Richard W.
STREET ADDRESS	120 MONUMENT CIRCLE	2.2 STREET ADDRESS	1188 Mandalay Dr.
CITY - ST - ZIP	INDIANAPOLIS IN	2.3 CITY - ST - ZIP	Clearwater, FL 34680
TITLE	D	3. NAME	D
NAME	STUMP, DANA L.	3.1 NAME	DeBow, Lawrence L.
STREET ADDRESS	5656 S. STAPLES, SUITE 330	3.2 STREET ADDRESS	6780 Epping Forest Way N.
CITY - ST - ZIP	CORPUS CHRISTI TX	3.3 CITY - ST - ZIP	Jacksonville, FL 32217
TITLE	DP	4. NAME	S
NAME	HARPER, JAMES R.	4.1 NAME	Monroe, Ellen
STREET ADDRESS	311 PARK PLACE BLVD, SUITE 400	4.2 STREET ADDRESS	120 Monument Circle
CITY - ST - ZIP	CLEARWATER FL	4.3 CITY - ST - ZIP	Indianapolis, IN 46204
TITLE	T	5. NAME	D
NAME	VANNEMAN, THOMAS E.	5.1 NAME	Nord, Sherry
STREET ADDRESS	120 MONUMENT CIRCLE	5.2 STREET ADDRESS	3902 Saddle Ridge St.
CITY - ST - ZIP	INDIANAPOLIS IN	5.3 CITY - ST - ZIP	Valrico, FL 32594
TITLE		6. NAME	VP
NAME		6.1 NAME	Killmore, Frederick R.
STREET ADDRESS		6.2 STREET ADDRESS	2723 Sand Hollow St.
CITY - ST - ZIP		6.3 CITY - ST - ZIP	Clearwater, FL 34621

14. I do hereby certify that the information supplied with this filing 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: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)