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 # P39828 (9)

1. Corporation Name

ACORDIA OF CENTRAL INDIANA, INC.

Principal Place of Business	Mailing Address
65 AIRPORT PARKWAY SUITE 100 GREENWOOD IN 46143 US	PO BOX 590 GREENWOOD IN 46142

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **07/24/1992**

3a. Date of Last Report: **02/24/1995**

4. FEI Number: **35-1807154** ☐ 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 RD.
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 ____________________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	CD	☒ DELETE
NAME	TRIGG, DONALD C	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	P	☐ DELETE
NAME	HOUK, MICHAEL D	
STREET ADDRESS	65 AIRPORT PKWY #100	
CITY-ST-ZIP	GREENWOOD IN	
TITLE	T	☐ DELETE
NAME	VANNEMAN, THOMAS	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	S	☒ DELETE
NAME	WILHITE, NANCY	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	☒ DELETE
NAME	MYERS, WOODROW A JR	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	AT	☐ DELETE
NAME	HARTLE, CHARLES R	
STREET ADDRESS	65 GREENWOOD PKLWY #100	
CITY-ST-ZIP	GREENWOOD IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	BRENNAN, JAMES	
1.3 STREET ADDRESS	550 TETON TRAIL	
1.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46217	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	☐ Change ☒ Addition
4.2 NAME	MC GREGOR, JULIE	
4.3 STREET ADDRESS	120 MONUMENT CIRCLE	
4.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46204	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	ESTES, WILLIAM	
5.3 STREET ADDRESS	4105 W. 96TH STREET	
5.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46268	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [signature] CHARLES R. HARTLE 2/27/96 317-889-2791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)