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FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # P14869

(2)

1. Corporation Name
ACORDIA NATIONAL, INC.

Principal Place of Business:

**602 VIRGINIA ST. EAST
 CHARLESTON WV 25301
 US**

Mailing Address:

**PO BOX 3043
 CHARLESTON WV 25331-3043
 US**



2. Principal Place of Business:

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address:

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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

3. Date Incorporated or Qualified

06/16/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

55-0579762

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, this 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 a natural person (if not applicable)

(Block 13 required if a printed signature required other than above)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PENNINGTON, JAMES M	
STREET ADDRESS	ONE PLAYERS CLUB DRIVE	
CITY-ST-ZIP	CHARLESTON WV	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEHRLE, MICHAEL	
STREET ADDRESS	PO BOX 513, 835 HILLCREST DR.	
CITY-ST-ZIP	CHARLESTON WV 25322	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	BECKER, W. MARSTON	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LEGG, RICHARD H	
STREET ADDRESS	ONE PLAYERS CLUB DR	
CITY-ST-ZIP	CHARLESTON WV	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUYDAM, WALTER	
STREET ADDRESS	401 EDGEWATER PLACE	
CITY-ST-ZIP	WAKEFIELD MA 01880	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMAS, JUDITH	
STREET ADDRESS	ONE HILLCREST DR.	
CITY-ST-ZIP	CHARLESTON WV 25311	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRES. & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ANDREW J. PATERNO	
13 STREET ADDRESS	ONE PLAYERS CLUB DRIVE	
14 CITY-ST-ZIP	CHARLESTON, WV	
15 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
16 NAME	ROBERT S. SCHNEIDER	
17 STREET ADDRESS	ONE PLAYERS CLUB DRIVE	
18 CITY-ST-ZIP	CHARLESTON, WV	
19 TITLE	ASSISTANT SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
20 NAME	M. ELLEN MONROE	
21 STREET ADDRESS	ONE PLAYERS CLUB DRIVE	
22 CITY-ST-ZIP	CHARLESTON, WV	
23 TITLE	SR. VP & COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	RICHARD H. LEGG	
25 STREET ADDRESS	602 VIRGINIA ST., E	
26 CITY-ST-ZIP	CHARLESTON, WV 25301	
27 TITLE	ASST TREAS & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
28 NAME	ROGER P. STEWART, II	
29 STREET ADDRESS	602 VIRGINIA ST., E	
30 CITY-ST-ZIP	CHARLESTON, WV 25301	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
35 TITLE		
36 NAME		
37 STREET ADDRESS		
38 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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:

Robert P. Stewart II

12/10/97

(304) 353-8616

CR2E034 (9/96)