

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

PROFIT
CORPORATION
• ANNUAL REPORT
1996



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

DOCUMENT # P14871 (8)

1. Corporation Name

ACORDIA OF WEST VIRGINIA, INC.



Principal Place of Business

ONE HILLCREST DR. EAST
ONE EAST 4TH ST-8TH FL
CHARLESTON WV 25326-1551
US

Mailing Address

C/O BILL CRUM
PO BOX 1551
CHARLESTON WV 25326
US

3. Date Incorporated or Qualified
06/16/1987

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
55-0329835

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
% 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

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 any, after:

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
D
BECKER, W. MARSTON
STREET ADDRESS
1 HILLCREST DRIVE
CITY-STATE-ZIP
CHARLESTON WV

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
PC
PATERNO, ANDREW J.
STREET ADDRESS
ONE HILLCREST DR E
CITY-STATE-ZIP
CHARLESTON WV

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
T
CRUM, BILLY J. JR.
STREET ADDRESS
ONE HILLCREST DR E
CITY-STATE-ZIP
CHARLESTON WV

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
300001733193
-03/05/96--01116--018
***200.00
☐ Change ☐ Addition

TITLE
NAME
S
ZIERDT, MICHELE E.
STREET ADDRESS
120 MONUMENT CIRCLE
CITY-STATE-ZIP
INDIANAPOLIS IN

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
Corporate Secretary
M. Ellen Monroe
120 Monument Circle
Indianapolis, Indiana 46204
☒ Change ☐ Addition

TITLE
NAME
AS
THOMAS, JUDITH P
STREET ADDRESS
1 HILLCREST DRIVE
CITY-STATE-ZIP
CHARLESTON WV

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
V
JUSKOWICH, KENNETH
STREET ADDRESS
2605 CRANBERRY SQ
CITY-STATE-ZIP
MORGANTOWN WV

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Corporate Secretary

2/29/96

(304) 347-0744

CR2E034 (12/95)