

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
CHARLESTON WV 25326
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Hillcrest Drive East Suite, Apt. #, etc. 22 City & State 23 Charleston, WV Zip 24 25326 Country 25 USA		2a. Mailing Address 26 ATTN: Karen Johnson Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 06/16/1987		4. FEI Number 55-0329835 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH 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			
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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 of agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, W. MARSTON	1.2 NAME	SEE ATTACHED LIST FOR CLARIFICATIONS
STREET ADDRESS	1 HILLCREST DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON WV	1.4 CITY-ST-ZIP	
TITLE	PC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATERNO, ANDREW J.	2.2 NAME	
STREET ADDRESS	ONE HILLCREST DR E	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON WV	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUM, BILLY J. JR.	3.2 NAME	Billy Joe Crum, Jr.
STREET ADDRESS	ONE HILLCREST DR E	3.3 STREET ADDRESS	One Hillcrest Drive
CITY-ST-ZIP	CHARLESTON WV	3.4 CITY-ST-ZIP	Charleston, WV 25326
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, ELLEN M	4.2 NAME	Secretary
STREET ADDRESS	120 MONUMENT CIR.	4.3 STREET ADDRESS	Bethany Allspaw
CITY-ST-ZIP	INDIANAPOLIS IN 46204	4.4 CITY-ST-ZIP	One Monument Circle Suite 3200
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, JUDITH P	5.2 NAME	Vice Pres.
STREET ADDRESS	1 HILLCREST DRIVE	5.3 STREET ADDRESS	Robert L. Ludwig
CITY-ST-ZIP	CHARLESTON WV	5.4 CITY-ST-ZIP	100 Europa Drive Suite 371
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUSKOWICH, KENNETH	6.2 NAME	Treasurer
STREET ADDRESS	2805 CRANBERRY SQ	6.3 STREET ADDRESS	Donald Howerly
CITY-ST-ZIP	MORGANTOWN WV	6.4 CITY-ST-ZIP	111 Monument Circle Suite 3200
			Indianapolis, IN 46204

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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:  3-30-98 304-347-0744

CR2E034 (10/97)

Acordia of West Virginia, Inc.

**Board of Directors
and Officers**

OFFICERS

<u>Title</u>	<u>Name</u>	<u>Address</u>
President	Andrew J. Paterno	P O Box 1551 <i>N/A</i> Charleston, WV 25326-1551
Vice President	Kenneth Juskowich	2605 Cranberry Square Morgantown, WV 26505-9271
Vice President	Robert L. Ludwig	100 Europa Drive Suite 371 Chapel Hill, NC 27514-2310
Treasurer	Donald Howery	111 Monument Circle, Ste 3200 Indianapolis, IN 46204
Asst. Treasurer	Billy Joe Crum, Jr.	P O Box 1551 <i>N/A</i> Charleston, WV 25326-1551
Corporate Secretary	Bethany Allspaw	111 Monument Circle, Ste 3200 Indianapolis, IN 46204
Asst. Corp. Secretary	Judith P. Thomas	P O Box 1551 <i>N/A</i> Charleston, WV 25326-1551

DIRECTORS

<u>Name</u>	<u>Address</u>
Keith Maib	111 Monument Circle, Ste 3200 Indianapolis, IN 46204
Don Howery	111 Monument Circle, Ste 3200 Indianapolis, IN 46204
Nancy Wilhite	111 Monument Circle, Ste 3200 Indianapolis, IN 46204