**FILED** 

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90067 038 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # P14871**

1. Corporation Name

STREET ADDRESS

SIGNATURE

ACORDIA OF WEST VIRGINIA, INC.

						. ELLE IL ELLE IL ELLE IL I	LIAIS EIKII KAAL
Principal Place	e of Business	Mailing Address			* 1821120 (4: 110) 9:30( (3:1) 100) (4: 110)	21211 41311 41311	
1 HILLCREST DR E C/O KAREN JOHNSON							
ONE EAST 4TH ST-8TH FL		CHARLESTON WV 25326		DO NOT WOLLE IN THE	0.004.05		
CHARLESTON V	VV 25326	US			DO NOT WRITE IN THI	S SPACE	
US					3. Date Incorporated or Qualified 06/16/1987		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			55-0329835	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	5. Certificate of Status Desired	\$8.75	
22		27			S. Collingto of States 5 collect 7	Fee Re	equired
City & State	9	City & State			6. Election Campaign Financing	\$5.00	•
23		28			Trust Fund Contribution	Added 1	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year in		
24	25	29 3	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	I Agent	
0.77	CORROBATION SYSTEM		81	Name			
	CORPORATION SYSTEM		82	Street	Address (P.O. Box Number is Not Acceptable)		
	T CORPORATION SYSTEM		(				
	SOUTH PINE ISLAND ROAD		83				
PLAN	ITATION FL 33324		84	City		85 Zip (	Code
			04	City	F!	L   83   . 21p \	0046
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	-named	corporation submits this statement for the purpose of	of changing its	registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auti	nonzea by	tne corp	oration's board of directors. I hereby accept the appropriate	intment as re	gistered
-9	II laitillai wibi, and accept the obliga	moris of, Section 607.0505, Fibrio	o oraroros	•			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Agen	t signature	required when reinstating) DATE		<del></del> -
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PC	☐ DELETE	1.1 TITLE		Director	☐ Change	Addition
NAME	PATERNO, ANDREW J.		1.2 NAME		Kathleen J. Krishnan		
STREET ADDRESS	ONE HILLCREST DR E		1.3 STREET	ADDRESS	111 Monument Circle Suite	3200	
CITY-ST-ZIP	CHARLESTON WV		1.4 CITY-S		Indianapolis, IN 46204		
TITLE	AT	☐ DELETE	2.1 TITLE	) - <u>Z</u> II	Director	Change	Addition
	COMPA DIVINI D		22 NAME N		Nancy K. Eaton		Λ
NAME	ONE HILLCREST DR E			ADDDESS	111 Monument Circle Suite	3200	
STREET ADDRESS	CHARLECTON WAY DEDOC		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Indianapolis, IN 46204	3200	
CITY-ST-ZIP			3.1 TITLE	1-212	VP	Change	Addition
TITLE	ALLOCALLY DETELLABLY		3.2 NAME		Kenneth Juckowich		X
NAME	1 MONUMENT CIR SUTIE 3200	1		•0000000	2605 Cranberry Square Morgantown, W 26505		
STREET ADDRESS	INDIANAPOLIS IN 46204	,	3.3 STREET		Morgantown, WV 26505		
CITY-ST-ZIP	VP	☐ DELETE	3.4. CITY-S	T-ZIP	<del> </del>	Change	Addition
TITLE	···	□ DELETE	4.1 TITLE		Treasurer	□ ¢riarige	A House
NAME	LUDWIG, ROBERT L		4. 2 NAME		Kathleen J. Krishnan		
STREET ADDRESS	100 EURPOA DR SUITE 371	د	4.3 STREET		Ill Monument Circle Indianapolis, IN 46204		
CITY-ST-ZIP	CHAPEL HILLS SC 27514		4.4 CITY-S	T- ZIP		Change	X Addition
TITLE	I DOMETRY DOMESTS	DELETE	5.1 TITLE		Secretary	☐ Change	ACCURON
NAME	HOWERY, DONALD	200	5.2 NAME		Nancy K. Eaton	•	
STREET ADDRESS	111 MONUMENT CIR SUITE 32	200	5.3 STREET		111 Monument Circle		
CITY-ST-ZIP	Indianapolis in 46204		5.4 CITY-S	T- ZIP	Indianapolia Transcription		X
TITLE		☐ DELETE	6.1 TITLE		Indianapolis, IN 46204	☐ Change	Addition
NAME			6.2 NAME		Assistant Secretary		

6.3 STREET ADDRESS

64 CITY-ST-ZIP One Hill crest that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida statutes which we 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 proporation 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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith P. Thomas