

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14871

1. Entity Name

ACORDIA OF WEST VIRGINIA, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90002 011 ***150.00

Principal Place of Business

1 HILLCREST DR E
ONE EAST 4TH ST-8TH FL
CHARLESTON WV 25326
US

Mailing Address

C/O KAREN JOHNSON
CHARLESTON WV 25326
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0329835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PC** ☐ Delete
NAME **PATERNO, ANDREW J.**
STREET ADDRESS **ONE HILLCREST DR E**
CITY-ST-ZIP **CHARLESTON WV**

TITLE **AT** ☐ Delete
NAME **CRUM, BILLY J. JR.**
STREET ADDRESS **ONE HILLCREST DR E**
CITY-ST-ZIP **CHARLESTON WV 25326**

TITLE **VP** ☐ Delete
NAME **JUSKOWICH, KENNETH**
STREET ADDRESS **2605 CRANBERRY SQUARE**
CITY-ST-ZIP **MORGANTOWN WV 26505**

TITLE **VP** ☐ Delete
NAME **LUDWIG, ROBERT L**
STREET ADDRESS **100 EURPOA DR SUITE 371**
CITY-ST-ZIP **CHAPEL HILLS SC 27514**

TITLE **S** ☐ Delete
NAME **EATON, NANCY K**
STREET ADDRESS **111 MONUMENT CIR.**
CITY-ST-ZIP **INDIANAPOLIS IN 46204**

TITLE **AS** ☐ Delete
NAME **THOMAS, JUDITH P**
STREET ADDRESS **1 HILLCREST DR.**
CITY-ST-ZIP **CHARLESTON WV 25325**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/2/00 304-346-0611

CR2E034 (9/99)