2001 UNIFORM BUSINESS REPORT (UBR)

0608852

FILED
Jan 18, 2001 8:00 am
Secretary of State
01-18-2001 90028 007 ***150.00

DOCUMENT # P14871

1. Entity Name
ACORDIA OF WEST VIRGINIA, INC.

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

A00006454

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address: P.O. Box 1551
Suite, Apt. #, etc.
City & State: Charleston WV
Zip: 25326-1551
Country: U.S.

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PC ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PATERNO, ANDREW J.	NAME	
STREET ADDRESS	ONE HILLCREST DR E	STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON WV	CITY-ST-ZIP	
TITLE	AT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CRUM, BILLY J. JR.	NAME	
STREET ADDRESS	ONE HILLCREST DR E	STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON WV 25326	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JUSKOWICH, KENNETH	NAME	
STREET ADDRESS	2605 CRANBERRY SQUARE	STREET ADDRESS	
CITY-ST-ZIP	MORGANTOWN WV 26505	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LUDWIG, ROBERT L	NAME	
STREET ADDRESS	100 EURPOA DR SUITE 371	STREET ADDRESS	
CITY-ST-ZIP	CHAPEL HILLS SC 27514	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EATON, NANCY K	NAME	
STREET ADDRESS	111 MONUMENT CIR.	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	CITY-ST-ZIP	
TITLE	AS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMAS, JUDITH P	NAME	
STREET ADDRESS	1 HILLCREST DR.	STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON WV 25325	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] 1/5/01 304-342-0744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)