

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90056 033 \*\*\*150.00

0629416 AB

**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  
 PO BOX 1551  
 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

DO NOT WRITE IN THIS SPACE



## 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PC PATERNO, ANDREW J. ONE HILLCREST DR E CHARLESTON WV</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT CRUM, BILLY J. JR. ONE HILLCREST DR E CHARLESTON WV 25326</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JUSKOWICH, KENNETH 2605 CRANBERRY SQUARE MORGANTOWN WV 26505</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LUDWIG, ROBERT L 100 EURPOA DR SUITE 371 CHAPEL HILLS SC 27514</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S EATON, NANCY K 111 MONUMENT CIR. INDIANAPOLIS IN 46204</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS THOMAS, JUDITH P 1 HILLCREST DR. CHARLESTON WV 25325</b> <input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>See Attached for changes</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

*3/18/02 304-346-0611*

CR2E034 (9/01)

Attachment

**ACORDIA OF WEST VIRGINIA, INC.**  
**(WEST VIRGINIA)**

One Hillcrest Drive  
Charleston, WV 25326

Telephone: 304-346-0611  
Fax: 304-347-0794  
Federal ID: 55-0329835

# P1487/1614818

**Directors**

Patrick J. Brazill	150 N. Michigan, Suite 4100 Chicago, IL 60601
Robert C. Kent	150 N. Michigan, Suite 4100 Chicago, IL 60601
Frank Witthun	150 N. Michigan Suite 4100 Chicago, IL 60601

**Officers**

Frank C. Witthun	Chairman, President & CEO	150 N. Michigan Street Suite 4100 Chicago, IL 60601
Robert C. Kent	Executive Vice President	150 N. Michigan Streete Suite 4100 Chicago, IL 60601
Andrew J. Paterno	Executive Vice President	One Hillcrest Drive East Charleston, WV 25311
John J. O'Connor	Senior Vice President	150 N. Michigan Suite 4100 Chicago, IL 60601
Patrick J. Brazill	Senior Vice President	150 N. Michigan Suite 4100 Chicago, IL 60601
Charles L. Ruoff	Senior Vice President	150 N. Michigan Suite 4100 Chicago, IL 60601
Richard L. Legg	Senior Vice President	602 Virginia Street East Charleston, WV 25331
Judith P. Thomas	Senior Vice President/ Assistant Secretary	One Hillcrest Drive East Charleston, WV 25311
Thomas J. Schneider	Vice President	Sixth and Marquette Minneapolis, MN 55479
James A. Horton	Vice President	Sixth and Marquette Minneapolis, MN 55479
Roger J. Saucerman	Vice President	Sixth and Marquette Minneapolis, MN 55479
Lisa M. Bernard	Vice President	Sixth and Marquette Minneapolis, MN 55479
Heidi M. Dzieweczynski	Vice President	Sixth and Marquette Minneapolis, MN 55479
Les L. Quock	Vice President	525 Market Street Suite 2200 San Francisco, CA 94105-2730
James E. Hanson	Vice President	Sixth and Marquette Minneapolis, MN 55479
Karen Martin	Vice President	Sixth and Marquette Minneapolis, MN 55479
Deborah M. Broderick	Vice President, Treasurer Asst. Secretary	600 South Highway 169 Minneapolis, MN 55426
Brett A. Pritt	Comptroller and Asst. Treasurer	602 Virginia Street Charleston, WV 25311
Robert M. Greco	Secretary	650 E. Algonquin Road Suite 300 Schaumburg, IL 60173
Margaret M. Weber	Asst. Secretary	Sixth and Marquette Minneapolis, MN 55479