

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06/2017 MB

DOCUMENT # P14871

1. Entity Name
ACORDIA OF WEST VIRGINIA, INC.



FILED

03 JAN 17 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1 HILLCREST DR E
~~ONE EAST 4TH ST 8TH FL~~ delete
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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPCE
NAME WITTHUM, FRANK C
STREET ADDRESS 150 N MICHIGAN ST STE 4100
CITY-ST-ZIP CHICAGO IL 60601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200010191972
01/17/03--01060--003 **150.00

TITLE EVP
NAME KENT, ROBERT C
STREET ADDRESS 150 N MICHIGAN ST STE 4100
CITY-ST-ZIP CHICAGO IL 60601 ☐ Delete

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

TITLE EVP
NAME PATERNO, ANDREW J
STREET ADDRESS ONE HILLCREST DRIVE EAST
CITY-ST-ZIP CHARLESTON WV 25311 ☐ Delete

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

TITLE SVP
NAME O'CONNOR, JOHN J
STREET ADDRESS 150 N MICHIGAN ST STE 4100
CITY-ST-ZIP CHICAGO IL 60601 ☐ Delete

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

TITLE SVP
NAME BRAZILL, PATRICK J
STREET ADDRESS 150 N MICHIGAN ST STE 4100
CITY-ST-ZIP CHICAGO IL 60601 ☐ Delete

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

TITLE SVP
NAME RUOFF, CHARLES L
STREET ADDRESS 150 N MICHIGAN ST STE 4100
CITY-ST-ZIP CHICAGO IL 60601 ☐ Delete

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

12. 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 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 the president, secretary, 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 the report, or on an attachment with an address, with all other like empowered.

Information for director Block 11 if

SIGNATURE _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

1-13-03

304-346-0611

CR2E034 (10/02)