

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006745

1. Entity Name

ACORDIA OF VIRGINIA INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

115 N. ST ASAPH ST.
ALEXANDRIA VA 22314

PO BOX 25948
ALEXANDRIA VA 22313-5948

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

54-1367742

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

TITLE SD ☐ Delete
NAME EATON, NANCY K
STREET ADDRESS 111 MONUMENT CIRCLE ST 3200
CITY-ST-ZIP INDIANAPOLIS IN

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

TITLE TAS ☐ Delete
NAME BRODERICK, DEBORAH M
STREET ADDRESS 111 MONUMENT CIRCLE ST 3200
CITY-ST-ZIP INDIANAPOLIS IN

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

TITLE AS ☐ Delete
NAME THOMAS, JUDITH P
STREET ADDRESS ONE HILLCREST DRIVE EAST
CITY-ST-ZIP CHARLESTON WV

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

TITLE V ☐ Delete
NAME MCQUATE, GLENN W
STREET ADDRESS 210 FIRST STREET SW
CITY-ST-ZIP ROANOKE VA

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

TITLE V ☐ Delete
NAME WYSONG, DAVID A
STREET ADDRESS 115 N. ASAPH STREET
CITY-ST-ZIP ALEXANDRIA VA

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 #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90010 040 ***150.00



DO NOT WRITE IN THIS SPACE

001437

CR2E034 (10/00)