

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006745

FILED
Jan 12, 2006
Secretary of State

Entity Name: ACORDIA OF VIRGINIA INSURANCE AGENCY, INC.

Current Principal Place of Business:

115 N. ST ASAPH ST.
ALEXANDRIA, VA 22314

New Principal Place of Business:

Current Mailing Address:

PO BOX 25948
ALEXANDRIA, VA 223135948

New Mailing Address:

FEI Number: 54-1367742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: PATERNO, ANDREW J
Address: ONE HILLCREST DRIVE EAST
City-St-Zip: CHARLESTON, WV

Title: DS () Delete
Name: ORECO, ROBERT M
Address: 150 N. MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60601

Title: TAS () Delete
Name: BRODERICK, DEBORAH M
Address: 111 MONUMENT CIRCLE ST 3200
City-St-Zip: INDIANAPOLIS, IN

Title: AS () Delete
Name: THOMAS, JUDITH P
Address: ONE HILLCREST DRIVE EAST
City-St-Zip: CHARLESTON, WV

Title: V () Delete
Name: MCQUATE, GLENN W
Address: 210 FIRST STREET SW
City-St-Zip: ROANOKE, VA

Title: V () Delete
Name: WYSONG, DAVID A
Address: 115 N. ASAPH STREET
City-St-Zip: ALEXNADRIA, VA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: GRECO, ROBERT M
Address: 150 N. MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH P. THOMAS

AS

01/12/2006

Electronic Signature of Signing Officer or Director

Date