

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14871

1. Entity Name  
ACORDIA OF WEST VIRGINIA, INC.

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90028 007 \*\*\*150.00

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

A0006434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 1551

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 \_\_\_\_\_ (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

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

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

1/5/01 304-347-0744

Date

Daytime Phone #

0608852

CR2E034 (10/00)