

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90046 029 ***150.00

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

40002272



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

55-0329835

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOT
CUTHBERT, ROBERT P
150 N MICHIGAN ST STE 4100
CHICAGO, IL 60601 ☐ Delete

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVAS
THOMAS, JUDITH P
ONE HILLCREST DR. E
CHARLESTON, WV 25311 ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~SVAS~~
CRUM, BILLY J JR.
ONE HILLCREST DR. E
CHARLESTON, WV 25311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SRVP. ATreas
Billy J. Crum Jr
One Hillcrest Dr E
Charleston WV 25311 ☒ 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 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 10 or Block 11 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 #

1/4/05

304-345-6009