

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 AM 8:55

DOCUMENT # **P14871** (8)

1. Corporation Name
ACORDIA OF WEST VIRGINIA, INC.

Principal Place of Business Mailing Address
ONE HILLCREST DR. EAST C/O BILL CRUM
ONE EAST 4TH ST-8TH FL PO BOX 1551
CHARLESTON WV 25326-1551 CHARLESTON WV 25326
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/16/1987	04/05/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		55-0329835	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				b1 Name	
				b2 Street Address (P.O. Box Number is Not Acceptable)	
		b3		b4 City	
				FL b5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, W. MARSTON	1.2 NAME	
STREET ADDRESS	1 HILLCREST DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	CHARLESTON WV	1.4 CITY- ST- ZIP	
TITLE	PC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATERNO, ANDREW J.	2.2 NAME	
STREET ADDRESS	ONE HILLCREST DR E	2.3 STREET ADDRESS	
CITY- ST- ZIP	CHARLESTON WV	2.4 CITY- ST- ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUM, BILLY J. JR.	3.2 NAME	
STREET ADDRESS	ONE HILLCREST DR E	3.3 STREET ADDRESS	
CITY- ST- ZIP	CHARLESTON WV	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIERDT, MICHELE E.	4.2 NAME	
STREET ADDRESS	120 MONUMENT CIRCLE	4.3 STREET ADDRESS	
CITY- ST- ZIP	INDIANAPOLIS IN	4.4 CITY- ST- ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JUDITH P	5.2 NAME	
STREET ADDRESS	1 HILLCREST DRIVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	CHARLESTON WV	5.4 CITY- ST- ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSKOWICH, KENNETH	6.2 NAME	
STREET ADDRESS	2605 CRANBERRY SQ	6.3 STREET ADDRESS	
CITY- ST- ZIP	MORGANTOWN WV	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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; the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Billy J. Crum, Jr.
BILLY J. CRUM, JR.
Assistant Treasurer

1/19/95 304,347,0712
Date Date/Time Printed