


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 Mailing Address

**1 HILLCREST DR E
 ONE EAST 4TH ST-8TH FL
 CHARLESTON, WV 25326 US**

**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

Zip Country Zip Country

4. FEI Number Applied For

55-0329835 Not Applicable

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 _____ (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

TITLE	CFOT	<input type="checkbox"/> Delete
NAME	CUTHBERT, ROBERT P	
STREET ADDRESS	150 N MICHIGAN ST STE 4100	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	SRV	<input checked="" type="checkbox"/> Delete
NAME	BRAZILL, PATRICK J	
STREET ADDRESS	150 N MICHIGAN ST STE 4100	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	PATERNO, ANDREW J	
STREET ADDRESS	ONE HILLCREST DRIVE EAST	
CITY-ST-ZIP	CHARLESTON, WV 25311	
TITLE	SVAS	<input type="checkbox"/> Delete
NAME	THOMAS, JUDITH P	
STREET ADDRESS	ONE HILLCREST DR. E	
CITY-ST-ZIP	CHARLESTON, WV 25311	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	BRAZILL, PATRICK J	
STREET ADDRESS	150 N MICHIGAN ST STE 4100	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	SVAS	<input type="checkbox"/> Delete
NAME	CRUM, BILLY J JR.	
STREET ADDRESS	ONE HILLCREST DR. E	
CITY-ST-ZIP	CHARLESTON, WV 25311	

11. 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	SRVP. ATreas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Billy J. Crum Jr	
STREET ADDRESS	ONE HILLCREST DR E	
CITY-ST-ZIP	CHARLESTON WV 25311	

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: *Judith P. Thomas* **1/4/05** **304-345-6009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #