

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P14871** (8)

1. Corporation Name
ACORDIA OF WEST VIRGINIA, INC.



Principal Place of Business: **ONE HILLCREST DR. EAST
ONE EAST 4TH ST-8TH FL
CHARLESTON WV 25326-1551
US**

Mailing Address: **C/O BILL CRUM
PO BOX 1551
CHARLESTON WV 25326
US**

3. Date Incorporated or Qualified: **06/16/1987**

3a. Date of Last Report: **01/27/1995**

4. FEI Number: **55-0329835**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	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-STATE-ZIP	CHARLESTON WV	1.4 CITY-STATE-ZIP	
TITLE	PC <input type="checkbox"/> DELETE	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-STATE-ZIP	CHARLESTON WV	2.4 CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> DELETE	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-STATE-ZIP	CHARLESTON WV	3.4 CITY-STATE-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIERDT, MICHELE E.	4.2 NAME	
STREET ADDRESS	120 MONUMENT CIRCLE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	INDIANAPOLIS IN	4.4 CITY-STATE-ZIP	Indianapolis, Indiana 46204
TITLE	AS <input type="checkbox"/> DELETE	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-STATE-ZIP	CHARLESTON WV	5.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	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-STATE-ZIP	MORGANTOWN WV	6.4 CITY-STATE-ZIP	

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Handwritten initials

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)(k), 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judith P. Thomas* Assistant Corporate Secretary **2/29/96** (304) 347-0744

CR2E034 (12/95)