

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90067 038 \*\*\*150.00

DOCUMENT # P14871

1. Corporation 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  
CHARLESTON WV 25326  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1987

4. FEI Number

55-0329835

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PC	PATERNO, ANDREW J.	ONE HILLCREST DR E	CHARLESTON WV	<input type="checkbox"/>
AT	CRUM, BILLY J. JR.	ONE HILLCREST DR E	CHARLESTON WV 25326	<input type="checkbox"/>
S	ALLSPAW, BETHANY	1 MONUMENT CIR SUITE 3200	INDIANAPOLIS IN 46204	<input checked="" type="checkbox"/>
VP	LUDWIG, ROBERT L	100 EURPOA DR SUITE 371	CHAPEL HILLS SC 27514	<input type="checkbox"/>
T	HOWERY, DONALD	111 MONUMENT CIR SUITE 3200	INDIANAPOLIS IN 46204	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Director	Kathleen J. Krishnan	111 Monument Circle Suite 3200	Indianapolis, IN 46204	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Nancy K. Eaton	111 Monument Circle Suite 3200	Indianapolis, IN 46204	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Kenneth Juskowich	2605 Cranberry Square	Morgantown, WV 26505	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Kathleen J. Krishnan	111 Monument Circle	Indianapolis, IN 46204	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Nancy K. Eaton	111 Monument Circle	Indianapolis, IN 46204	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assistant Secretary	Judith P. Thomas	One Hillcrest Drive	Charleston, WV 25326	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. 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 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, 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 #

CR2E034 (11/98)