

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 07, 2011
Secretary of State

Entity Name: ACCIDENT FUND INSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

232 SOUTH CAPITOL AVENUE
LANSING, MI 48933

New Principal Place of Business:

200 N GRAND AVENUE
LANSING, MI 48933

Current Mailing Address:

PO BOX 40790
LANSING, MI 489017990

New Mailing Address:

FEI Number: 38-3207001 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: BRITT, MICHAEL K
Address: 200 N GRAND AVENUE
City-St-Zip: LANSING, MI 48933

Title: TREA
Name: SCHOEN, RONALD H
Address: 200 N GRAND AVENUE
City-St-Zip: LANSING, MI 48933

Title: SEC
Name: REYNOLDS, STEVE
Address: 200 N GRAND AVENUE
City-St-Zip: LANSING, MI 48933

Title: BOAR
Name: HAAR, ELIZABETH R
Address: 200 N GRAND AVENUE
City-St-Zip: LANSING, MI 48933

Title: BOAR
Name: HESS, STEVEN C
Address: 200 N GRAND AVENUE
City-St-Zip: LANSING, MI 48933

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RONALD SCHOEN

TREA

04/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date