

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 07, 2011
Secretary of State

Entity Name: ACCIDENT FUND NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

232 SOUTH CAPITOL AVE
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: 20-3058291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DIR
Name: HARR, ELIZABETH R
Address: 200 N GRAND AVENUE
City-St-Zip: LANSING, MI 48933

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

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, STEVEN
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 H SCHOEN

TREA

04/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date