

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

Pg 1002

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P10106 (3)**
1. Corporation Name
ACCELERATION NATIONAL INSURANCE COMPANY



Principal Place of Business: **475 METRO PLACE NORTH DUBLIN OH 43017**
Mailing Address: **475 METRO PLACE NORTH DUBLIN OH 43017**

3. Date Incorporated or Qualified: **05/14/1986**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **31-0989212**
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
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMSON, R. MAX	
STREET ADDRESS	8736 DUNSINANE	
CITY-ST-ZIP	DUBLIN OH	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	ALEXANDER, NICHOLAS Z.	
STREET ADDRESS	7970 GREENSIDE LANE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DEMASTUS, MELODY R	
STREET ADDRESS	5300 WINDFLOWER, CT	
CITY-ST-ZIP	HILLARD OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAIN, LARRY L	
STREET ADDRESS	2129 STANCREST ROAD	
CITY-ST-ZIP	DUBLIN OH	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, WILLIAM B.	
STREET ADDRESS	2055 SEDDINGTON CT	
CITY-ST-ZIP	DUBLIN OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	FRIEDBERG, THOMAS H.	
13 STREET ADDRESS	475 METRO PL NORTH	
14 CITY-ST-ZIP	DUBLIN OH 43017	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	COATS, DOUGLAS J.	
63 STREET ADDRESS	475 METRO PL NORTH	
64 CITY-ST-ZIP	DUBLIN OH 43017	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not entitle me for the exemption stated in Section 119.071(9)(a), 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 and is changed, if so, as an attachment with an address.

SIGNATURE: *Robert L. Copeland* ROBERT L. COPELAND 4/22/96 614/764-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

Pg 2 of 2

**ACCELERATION NATIONAL INSURANCE COMPANY
Officers and/or Directors**

BUSINESS ADDRESS: 475 METRO PLACE NORTH, DUBLIN, OHIO 43017

<u>OFFICER</u>	<u>TITLE</u>
D) Nicholas Z. Alexander	Sr. Vice Pres/Secretary
D) Douglas J. Coats	President
D) Robert L. Copeland	Vice President
Sharon A. Copeland	Assistant Vice President
D) Thomas H. Friedberg	Chairman/CEO
D) Larry L. Main	Senior Vice President
D) Kurt L. Mueller	Vice President & Controller
McKinley Shumate, Jr.	Senior Vice President
D) Alan M. Weiner	Vice President & Treasurer

D) Indicates Director