

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

FILED

Feb 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Acceleration National Ins		26 Acceleration National Ins		05/14/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 12603 Southwest Fwy #315		27 12603 Southwest Fwy #315		31-0989212	
City & State		City & State		Applied For	
23 Stafford TX		28 Stafford TX		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 77477		29 77477		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 Ft. Bend		30 Ft. Bend		Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDBERG, THOMAS H	1.2 NAME	
STREET ADDRESS	475 METRO PL NORTH	1.3 STREET ADDRESS	12603 Southwest Freeway Ste 315
CITY-ST-ZIP	DUBLIN OH	1.4 CITY-ST-ZIP	Stafford TX 77477
TITLE	VDS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, NICHOLAS Z.	2.2 NAME	
STREET ADDRESS	7970 GREENSIDE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, DOUGLAS J	3.2 NAME	
STREET ADDRESS	475 METRO PL NORTH	3.3 STREET ADDRESS	12603 Southwest Freeway Ste 315
CITY-ST-ZIP	DUBLIN OH	3.4 CITY-ST-ZIP	Stafford TX 77477
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAIN, LARRY L	4.2 NAME	Moore, Cynthia A
STREET ADDRESS	2129 STANCREST ROAD	4.3 STREET ADDRESS	12603 Southwest Freeway Ste 315
CITY-ST-ZIP	DUBLIN OH	4.4 CITY-ST-ZIP	Stafford TX 77477
TITLE	VTD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUELLER, KURT L	5.2 NAME	MacDonough, Stephen P
STREET ADDRESS	475 METRO PLACE NORTH	5.3 STREET ADDRESS	12603 Southwest Freeway Ste 315
CITY-ST-ZIP	DUBLIN OH	5.4 CITY-ST-ZIP	Stafford TX 77477
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *Cynthia A. Moore* (281)565-8010 x 24

CR2E034 (10/97)