

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003593

Entity Name: ACCIDENT FUND GENERAL INSURANCE COMPANY**Current Principal Place of Business:**200 N GRAND AVENUE
LANSING, MI 48933**Current Mailing Address:**PO BOX 40790
LANSING, MI 48901-7990**FEI Number:** 20-3058200**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	DIR
Name	HAAR, ELIZABETH RUTH
Address	200 N GRAND AVENUE
City-State-Zip:	LANSING MI 48933

Title	DIR
Name	PHILLIPS, ANTHONY G
Address	200 N GRAND AVENUE
City-State-Zip:	LANSING MI 48933

Title	PRES
Name	ALAN, GILECZEK G
Address	200 N GRAND AVENUE
City-State-Zip:	LANSING MI 48933

Title	TREA
Name	PHILLIPS, ANTHONY G
Address	200 N GRAND AVENUE
City-State-Zip:	LANSING MI 48933

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

Title	DIR
Name	CORLESS, LISA M
Address	200 N GRAND AVENUE
City-State-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: ANTHONY PHILLIPS**TREASURER****04/22/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date