

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003599

**FILED**  
**Apr 13, 2022**  
**Secretary of State**  
**0558895628CC**

**Entity Name:** ACCIDENT FUND NATIONAL 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: 20-3058291**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
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            KEITH, TRICIA A  
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            COOPER, STEPHAN J  
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            ELLIOTT, BOBBI  
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

Title            DIRECTOR  
Name            ROBERTS, JOHN S  
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 G PHILLIPS**

**TREASURER**

**04/13/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date