# 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F08000003599

#### 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

#### 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

## Officer/Director Detail :

|  | Title           | DIR                | Title           | DIR                 |
|--|-----------------|--------------------|-----------------|---------------------|
|  | Name            | HARR, ELIZABETH R  | Name            | PHILLIPS, ANTHONY G |
|  | Address         | 200 N GRAND AVENUE | Address         | 200 N GRAND AVENUE  |
|  | City-State-Zip: | LANSING MI 48933   | City-State-Zip: | LANSING MI 48933    |
|  |                 | 2220               | T:4 -           |                     |
|  | Title           | PRES               | Title           | TREA                |
|  | Name            | BRITT, MICHAEL K   | Name            | FREUND, FRANK H     |
|  | Address         | 200 N GRAND AVENUE | Address         | 200 N GRAND AVENUE  |
|  | City-State-Zip: | LANSING MI 48933   | City-State-Zip: | LANSING MI 48933    |
|  |                 |                    |                 |                     |
|  | Title           | SEC                |                 |                     |
|  | Name            | REYNOLDS, STEVEN   |                 |                     |
|  | 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: FRANK H. FREUND

TREASURER

04/10/2015 Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 10, 2015 Secretary of State CC4915463629

Date

Certificate of Status Desired: No