


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90299 003 \*\*\*150.00

<b>DOCUMENT # F03000004623</b> 1. Entity Name <b>ACCIDENT FUND INSURANCE COMPANY OF AMERICA</b>					
Principal Place of Business <b>232 SOUTH CAPITAL AVENUE LANSING, MI 48933</b>			Mailing Address <b>P.O. BOX 40790 LANSING, MI 48901-7990</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD EPOLITO, JAMES C 232 S. CAPITOL AVENUE LANSING, MI 48933</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>See Attached List</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DOMAGALSKI, LISA MILLER 232 S. CAPITOL AVENUE LANSING, MI 48933</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCHOEN, RONALD 232 S. CAPITOL AVENUE LANSING, MI 48933</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C WESTRAN, ROY 232 S. CAPITOL AVENUE LANSING, MI 48933</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC MCREE, EDWARD 232 S. CAPITOL AVENUE LANSING, MI 48933</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AUSTIN, JOHN PAUL 27000 W 11 MILE ROAD SOUTHFIELD, MI 48034</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Ronald H. Schoen, Exec VP &amp; CFO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/12/2005</b> <b>(517) 367-2400</b> <small>Date Daytime Phone *</small>		

# ATTACHMENT

40060748

Title: D  
Name: James Gayle Agee # F03000004623 Addition  
Street Address: 232 South Capitol Avenue  
City - ST - Zip: Lansing, MI 48933

Title: D  
Name: Mark Bartlett  
Street Address: Blue Cross Blue Shield of Michigan, 2700 W. 11 Mile Rd  
City - ST - Zip: Detroit, MI 48226

Title: C Change  
Name: Charles Lee Burkett  
Street Address: 232 South Capitol Avenue  
City - ST - Zip: Lansing, MI 48933

Title: D  
Name: Gregory Eaton  
Street Address: Karoub Associates, 121 W. Allegan Street  
City - ST - Zip: Lansing, MI 48933

Title: D  
Name: Franklin Delano Garrison  
Street Address: 232 South Capitol Avenue  
City - ST - Zip: Lansing, MI 48933

Title: D Delete  
Name: Steven Charles Hess, General Counsel  
Street Address: 232 South Capitol Avenue  
City - ST - Zip: Lansing, MI 48933

Title: D Addition  
Name: Daniel Joseph Loepp  
Street Address: 232 South Capitol Avenue  
City - ST - Zip: Lansing, MI 48933

Title: D Delete  
Name: Beverly McDonald  
Street Address: 232 South Capitol Avenue  
City - ST - Zip: Lansing, MI 48933

Title: D  
Name: Barry McGuire  
Street Address: Michigan Automobile Dealers Association, 1500 Kendale Blvd.  
City - ST - Zip: East Lansing, MI 48823

Title: D  
Name: Nancy McKeague  
Street Address: Michigan Chamber of Commerce, 600 S. Walnut  
City - ST - Zip: Lansing, MI 48933

Title: D Addition  
Name: Iris Kemper Salters  
Street Address: 232 South Capitol Avenue  
City - ST - Zip: Lansing, MI 48933

# ATTACHMENT

40060748

Title: D  
Name: Gregory Alan Sudderth  
Street Address: 232 South Capitol Avenue  
City - ST - Zip: Lansing, MI 48933

#F03000004623 Addition

Title: D  
Name: Richard Whitmer  
Street Address: Blue Cross Blue Shield of Michigan, 600 Lafayette East, #2001  
City - ST - Zip: Detroit, MI 48226

Title: D  
Name: Lewin Wyatt, Jr.  
Street Address: 232 South Capitol Avenue  
City - ST - Zip: Lansing, MI 48933

Addition