

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 A
Secretary of State

DOCUMENT # F07000000788

1. Entity Name
ACCIDENT FUND INSURANCE COMPANY OF AMERICA



Principal Place of Business
**232 SOUTH CAPITOL AVENUE
LANSING, MI 48933**

Mailing Address
**PO BOX 40790
LANSING, MI 48901-7990**



04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3207001

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000898723
04/28/08-80008-014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
HESS, STEVEN C GENCOUN
5290 PARK LAKE ROAD
EAST LANSING, MI 48823**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AGEE, JAMES G
9416 LOOKOUT POINT
LAINGSBURG, MI 48848**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARTLETT, MARK R
48662 CENTRAL PARK DR
CANTON, MI 48188**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BURKETT, CHARLES L
9688 BUTLER
PORTLAND, MI 48865**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DEVLIN, PATRICK J
15799 SOUTHAMPTON
LIVONIA, MI 48154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAAR, ELIZABETH R
3607 KIPLING CIRCLE
HOWELL, MI 48843**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE:

Renae A. Schwan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-08

Date

Daytime Phone #