

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003775

FILED  
Mar 29, 2010  
Secretary of State

Entity Name: ACCIDENT INSURANCE COMPANY, INC.

**Current Principal Place of Business:**

131 DUTCHMAN BLVD  
IRMO, SC 29063

**New Principal Place of Business:**

**Current Mailing Address:**

131 DUTCHMAN BLVD  
IRMO, SC 29063

**New Mailing Address:**

FEI Number: 61-1440952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC  
Name: AROWOOD, WILLIAM M  
Address: 800 OAK RIDGE TURNPIKE, STE A 1000  
City-St-Zip: OAK RIDGE, TN 37830

Title: CEOD  
Name: SIZEMORE, DOUGLAS M  
Address: 800 OAK RIDGE TURNPIKE, STE A 1000  
City-St-Zip: OAK RIDGE, TN 37830

Title: STVC  
Name: AROWOOD, ROBERT J  
Address: 800 OAK RIDGE TURNPIKE, STE A 1000  
City-St-Zip: OAK RIDGE, TN 37830

Title: D  
Name: JARNIGAN, GARY L  
Address: 800 OAK RIDGE TURNPIKE, STE A 1000  
City-St-Zip: OAK RIDGE, TN 37830

Title: CFO  
Name: HUNTER, MICHAEL D  
Address: 131 DUTCHMAN BLVD  
City-St-Zip: IRMO, SC 29063

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: MICHAEL D HUNTER

CFO

03/29/2010

Electronic Signature of Signing Officer or Director

Date