

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003775

FILED
Apr 18, 2011
Secretary of State

Entity Name: ACCIDENT INSURANCE COMPANY, INC.

Current Principal Place of Business:

ONE HARBISON WAY
BROOKSIDE OFFICE BUILDING, STE. 115
COLUMBIA, SC 29212

New Principal Place of Business:

Current Mailing Address:

ONE HARBISON WAY
BROOKSIDE OFFICE BUILDING, STE. 115
COLUMBIA, SC 29212

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

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: PATTERSON, MARK K
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

04/18/2011

Electronic Signature of Signing Officer or Director

Date