F13000003775

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2013 MAR 21 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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13 MAR 21 AM 8:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
ACCIDENT INSURANCE COMPANY, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	$35.00

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MAR 22 2013

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Accident Insurance Company, Inc.
Name of Corporation

DOCUMENT NUMBER: F07000003775

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria E. Todd
Name of Contact Person

Accident Insurance Company, Inc.
Firm/Company

One Harbison Way, Suite 115
Address

Columbia, SC 29212
City/State and Zip Code

maria.todd@accinsco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria E. Todd at (803) 754-2942 ext. 7480
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of South Carolina *_____ In order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: ACCIDENT INSURANCE COMPANY

2. The principal office address: *One Harbison Way, Suite 115 Columbia, SC 29212*

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/14/1996 Document number: _____

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Chief Financial Officer

200 East Gaines Street

Tallahassee, FL 32399

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Michael D. Hunter/Chief Financial Officer

Printed or Typed Name and Title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System
Signature of Registered Agent

3/20/2013
Date

If signing on behalf of an entity:

Nathan S. Giffin Asst. Secretary
Typed or Printed Name

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FL006 - 10/1/2012 Wolters Kluwer CCH Inc