

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003593

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: ACCIDENT FUND GENERAL INSURANCE COMPANY

**Current Principal Place of Business:**

232 SOUTH CAPITOL AVENUE  
LANSING, MI 48933

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 40790  
LANSING, MI 489017990

**New Mailing Address:**

FEI Number: 20-3058200      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CP ( ) Delete  
Name: HAAR, ELIZABETH RUTH  
Address: 232 SOUTH CAPITOL AVENUE  
City-St-Zip: LANSING, MI 48933

Title: VCS ( ) Delete  
Name: HESS, STEVEN CHARLES  
Address: 232 SOUTH CAPITOL AVENUE  
City-St-Zip: LANSING, MI 48933

Title: D ( ) Delete  
Name: BRITT, MICHAEL KEITH  
Address: 232 SOUTH CAPITOL AVENUE  
City-St-Zip: LANSING, MI 48933

Title: TD ( ) Delete  
Name: SCHOEN, RONALD HUGH  
Address: 232 SOUTH CAPITOL AVENUE  
City-St-Zip: LANSING, MI 48933

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD H SCHOEN

TD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date