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**Feb 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G59336 (9)
1. Corporation Name
AMERICAN FEDERATION INSURANCE COMPANY



Principal Place of Business
**5600 BEECH TREE LANE
P.O. BOX 2450
GRAND RAPIDS MI 49501-2450
US**

Mailing Address
**5600 BEECH TREE LANE
P.O. BOX 2450
GRAND RAPIDS MI 49501-2450
US**

3. Date Incorporated or Qualified **09/13/1983** 3a. Date of Last Report **02/27/1996**
4. FEI Number **59-2326047** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEATHERLY, DAVID A.	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY- ST- ZIP	CALEDONIA MI	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANTONINI, RICHARD L.	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY- ST- ZIP	CALEDONIA MI	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	YARED, PAUL D.	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY- ST- ZIP	CALEDONIA MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHIPMAN, ROBERT J.	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY- ST- ZIP	CALEDONIA MI	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	WOUNDSTRA, F. ROBERT	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY- ST- ZIP	CALEDONIA MI	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HANNIGAN, JOHN J.	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY- ST- ZIP	CALEDONIA MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **KENNETH C. HAINES - CONTROLLER 01/31/97 (616) 956-3750**
DATE: _____ DAYTIME PHONE #: _____

CR2E034 (9/96)

AMERICAN FEDERATION INSURANCE COMPANY

Additional Officers & Directors

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE</u>
D/V	BOSHOVEN, STEPHEN J.	5600 BEECH TREE LANE	CALEDONIA, MI
V	TROUTMAN, EDWARD L.	5600 BEECH TREE LANE	CALEDONIA, MI
V	SPRATLIN, REBECCA W.	5600 BEECH TREE LANE	CALEDONIA, MI
D	ORANGE, LARRY J.	5600 BEECH TREE LANE	CALEDONIA, MI
V	BROWN, ROBERT J.	5600 BEECH TREE LANE	CALEDONIA, MI
V	EDWARDS, THOMAS C.	ONE CALVIN CT.	ORINDA, CA
V	JOHNSON, JOHN E.	5600 BEECH TREE LANE	CALEDONIA, MI
V	JOYNER, RONNIE L.	5600 BEECH TREE LANE	CALEDONIA, MI
V	SHATTUCK, GEORGE H.	5600 BEECH TREE LANE	CALEDONIA, MI
C	HAINES, KENNETH C.	5600 BEECH TREE LANE	CALEDONIA, MI
AV	KELLY, DAVID J.	5600 BEECH TREE LANE	CALEDONIA, MI
AT	WELSH, DONALD D.	5600 BEECH TREE LANE	CALEDONIA, MI