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FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5600 BEECH TREE LANE Suite, Apt. #, etc.	2a. Mailing Address 26
22 City & State 23 CALEDONIA MI	27 City & State
24 Zip 49316	25 Country USA

3. Date Incorporated or Qualified 09/13/1983	4. FEI Number 59-2326047	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATHERLY, DAVID A.	1.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONINI, RICHARD L.	2.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	2.4 CITY-ST-ZIP	
TITLE	SVD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARED, PAUL D.	3.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPMAN, ROBERT J.	4.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	4.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOUDSTRA, F. ROBERT	5.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNIGAN, JOHN J.	6.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)

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/V	ORANGE, LARRY J.	5600 BEECH TREE LANE	CALEDONIA, MI
V	BROWN, ROBERT J.	5600 BEECH TREE LANE	CALEDONIA, MI
V	EDWARDS, THOMAS C.	6 CRICKETT HILL	LAFAYETTE, 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
V/AT	WELSH, DONALD D.	5600 BEECH TREE LANE	CALEDONIA, MI
V	HAMILTON, JOE D.	5600 BEECH TREE LANE	CALEDONIA, MI
V	TREUL, NANCIE H.	5600 BEECH TREE LANE	CALEDONIA, MI
V	MC LANE, CYNTHIA A.	5600 BEECH TREE LANE	CALEDONIA, MI
V	BROWN, MARTIN R.	5600 BEECH TREE LANE	CALEDONIA, MI