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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G59336

1. Corporation Name
AMERICAN FEDERATION INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5600 BEECH TREE LANE GRAND RAPIDS MI 49316 US	Mailing Address 5600 BEECH TREE LANE P.O. BOX 2450 GRAND RAPIDS MI 49501-2450 US
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3. Date Incorporated or Qualified 09/13/1983	
4. FEI Number 59-2326047	Applied For 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE: *[Signature]* REKENNETH C. HAINES-CONTROLLER 02/22/99 (616) 956-3750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

254266-90043-43
659336

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	JOHNSON, JOHN E.	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	COLLINS, DONALD M.	6 CRICKETT HILL	LAFAYETTE, CA
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	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