

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90054 037 ***150.00



DOCUMENT # G59336				1. Entity Name AMERICAN FEDERATION INSURANCE COMPANY	
Principal Place of Business		Mailing Address			
5600 BEECH TREE LANE GRAND RAPIDS, MI 49316 US		5600 BEECH TREE LANE P.O. BOX 2450 GRAND RAPIDS, MI 49501-2450 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2326047	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TREUL, NANACY H	NAME			
STREET ADDRESS	5600 BEECH TREE LANE	STREET ADDRESS			
CITY-ST-ZIP	CALEDONIA, MI 49316	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOSHOVEN, STEPHEN J	NAME			
STREET ADDRESS	5600 BEECH TREE LANE	STREET ADDRESS			
CITY-ST-ZIP	CALEDONIA, MI 49316	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOUDESTRA, F. ROBERT	NAME			
STREET ADDRESS	5600 BEACH TREE LN	STREET ADDRESS			
CITY-ST-ZIP	CALEDONIA, MI 49316	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANNIGAN, JOHN J.	NAME			
STREET ADDRESS	5600 BEECH TREE LANE	STREET ADDRESS			
CITY-ST-ZIP	CALEDONIA, MI	CITY-ST-ZIP			
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JOHNSON, JOHN E	NAME	Cok, Michael J		
STREET ADDRESS	5600 BEECH TREE LANE	STREET ADDRESS	5600 Beech Tree Lane		
CITY-ST-ZIP	CALEDONIA, MI 49316	CITY-ST-ZIP	Caledonia MI 49316		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOYNER, RONNIE E	NAME			
STREET ADDRESS	5600 BEECH TREE LANE	STREET ADDRESS			
CITY-ST-ZIP	CALEDONIA, MI 49316	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jeffrey L Pepper</i>		Jeffrey L Pepper 3-15-2007 (616) 956-3750			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	