

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 08:00 AM
Secretary of State

DOCUMENT # G59336

1. Entity Name
AMERICAN FEDERATION INSURANCE COMPANY



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



05082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2326047** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000952745
 06/04/08 88893 018 550.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TREUL, NANACY H
STREET ADDRESS	5600 BEECH TREE LANE
CITY-ST-ZIP	CALEDONIA, MI 49316
TITLE	VD
NAME	BOSHOVEN, STEPHEN J
STREET ADDRESS	5600 BEECH TREE LANE
CITY-ST-ZIP	CALEDONIA, MI 49316
TITLE	PD
NAME	WLOUDSTRA, F. ROBERT
STREET ADDRESS	5600 BEACH TREE LN
CITY-ST-ZIP	CALEDONIA, MI 49316
TITLE	DV
NAME	HANNIGAN, JOHN J.
STREET ADDRESS	5600 BEECH TREE LANE
CITY-ST-ZIP	CALEDONIA, MI
TITLE	VD
NAME	COK, MICHAEL J
STREET ADDRESS	5600 BEECH TREE LANE
CITY-ST-ZIP	CALEDONIA, MI 49316
TITLE	V
NAME	JOYNER, RONNIE E
STREET ADDRESS	5600 BEECH TREE LANE
CITY-ST-ZIP	CALEDONIA, MI 49316

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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: *Jeffrey L Pepper* Jeffrey L Pepper 05/08/08 (616) 956-3750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #