

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 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 # P10106 (3)

1. Corporation Name

ACCELERATION NATIONAL INSURANCE COMPANY



Principal Place of Business

475 METRO PLACE NORTH  
DUBLIN OH 43017

Mailing Address

475 METRO PLACE NORTH  
DUBLIN OH 43017-1974

3. Date Incorporated or Qualified

05/14/1986

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

31-0989212

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG.  
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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FRIEDBERG, THOMAS H	
STREET ADDRESS	475 METRO PL NORTH	
CITY-ST-ZIP	DUBLIN OH	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	ALEXANDER, NICHOLAS Z.	
STREET ADDRESS	7970 GREENSIDE LANE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COATS, DOUGLAS J	
STREET ADDRESS	475 METRO PL NORTH	
CITY-ST-ZIP	DUBLIN OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAIN, LARRY L	
STREET ADDRESS	2129 STANCREST ROAD	
CITY-ST-ZIP	DUBLIN OH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COATS, DOUGLAS J	
STREET ADDRESS	475 METRO PLACE NORTH	
CITY-ST-ZIP	DUBLIN OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUELLER, KURT L	
STREET ADDRESS	475 METRO PLACE NORTH	
CITY-ST-ZIP	DUBLIN OH	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	V/T/D
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:

*Robert L. Gueland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)