

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003775

**Entity Name:** ACCIDENT INSURANCE COMPANY, INC.

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC8473687450**

**Current Principal Place of Business:**

ONE HARBISON WAY  
BROOKSIDE OFFICE BUILDING, STE. 115  
COLUMBIA, SC 29212

**Current Mailing Address:**

800 OAK RIDGE TURNPIKE  
SUITE A-1000  
OAK RIDGE, TN 37830 US

**FEI Number:** 61-1440952

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PC  
Name            AROWOOD, WILLIAM M  
Address        ONE HARBISON WAY, SUITE 115  
City-State-Zip: COLUMBIA SC 29212

Title            SEC  
Name            AROWOOD, ROBERT J  
Address        ONE HARBISON WAY, SUITE 115  
City-State-Zip: COLUMBIA SC 29212

Title            CFO  
Name            HUNTER, MICHAEL D  
Address        ONE HARBISON WAY, SUITE 115  
City-State-Zip: COLUMBIA SC 29212

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL D. HUNTER

**CFO**

**04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date