2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003775

Entity Name: ACCIDENT INSURANCE COMPANY, INC.

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

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399 US FILED Mar 08, 2016 Secretary of State CC6599534590

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	PC	Title	SEC
Name	AROWOOD, WILLIAM M	Name	AROWOOD, ROBERT J
Address	ONE HARBISON WAY, SUITE 115	Address	ONE HARBISON WAY, SUITE 115
City-State-Zip:	COLUMBIA SC 29212	City-State-Zip:	COLUMBIA SC 29212
Title	CFO	Title	GENERAL COUNSEL
Name	HUNTER, MICHAEL D	Name	WEBSTER, JAMES
Address	ONE HARBISON WAY, SUITE 115	Address	ONE HARBISON WAY
City-State-Zip:	COLUMBIA SC 29212		BROOKSIDE OFFICE BUILDING, STE. 115
Title	DIRECTOR	City-State-Zip:	COLUMBIA SC 29212
Name	ISABELL, DALE	Title	DIRECTOR
Address	ONE HARBISON WAY	Name	OXENDINE, JOHN W
	BROOKSIDE OFFICE BUILDING, STE. 115	В	ONE HARBISON WAY BROOKSIDE OFFICE BUILDING, STE. 115
City-State-Zip:	COLUMBIA SC 29212		
		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

Date

Electronic Signature of Signing Officer/Director Detail