Name and Address of our ent Registered Agent.				
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	: FINANCIAL OFFICER			03/30/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PC	Title	SEC	
Name	AROWOOD, WILLIAM M	Name	AROWOOD, ROBERT J	
Address	800 OAK RIDGE TPKE STE A-1000	Address	800 OAK RIDGE TPKE STE A-1	000
City-State-Zip:	OAK RIDGE TN 37830	City-State-Zip:	OAK RIDGE TN 37830	
Title	DIRECTOR			
Name	ISABELL, DALE			
Address	ONE HARBISON WAY BROOKSIDE OFFICE BUILDING, STE. 115			
City-State-Zip:	COLUMBIA SC 29212			

Name and Address of Current Registered Agent:

#### 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: WILLIAM AROWOOD

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/30/2020

Date

# **FILED** Mar 30, 2020

#### Secretary of State 0622015668CC

Certificate of Status Desired: No

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003775

Entity Name: ACCIDENT INSURANCE COMPANY, INC.

#### **Current Principal Place of Business:**

8500 MENAUL BLVD NE, SUITE B590 ALBUQUERQUE, NM 87112

### **Current Mailing Address:**

8500 MENAUL BLVD NE B590 ALBUQUERQUE, NM 87112 US

## FEI Number: 61-1440952