FEI Number: 61-1440952			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
FINANCIAL OFF 200 E. GAINES TALLAHASSEE,	ST			
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			04/09/2021
SIGNATURE	: FINANCIAL OFFICER Electronic Signature of Registered Agent			04/09/2021 Date
Officer/Direc	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	SEC	
Officer/Direc	Electronic Signature of Registered Agent	Title Name	SEC AROWOOD, ROBERT J	

8500 MENAUL BLVD NE, SUITE B590 ALBUQUERQUE, NM 87112

DOCUMENT# F07000003775

Current Principal Place of Business:

Current Mailing Address:

8500 MENAUL BLVD NE B590 ALBUQUERQUE, NM 87112 US

City-State-Zip: OAK RIDGE TN 37830

FE

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Entity Name: ACCIDENT INSURANCE COMPANY, INC.

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

PRESIDENT

City-State-Zip: OAK RIDGE TN 37830

04/09/2021

Electronic Signature of Signing Officer/Director Detail

Date