


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2008 8:00 am
Secretary of State

06-06-2008 90014 045 ***550.00

DOCUMENT # F07000003775 1. Entity Name ACCIDENT INSURANCE COMPANY, INC.	
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Principal Place of Business 131 DUTCHMAN BLVD IRMO, SC 29063	Mailing Address 131 DUTCHMAN BLVD IRMO, SC 29063
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

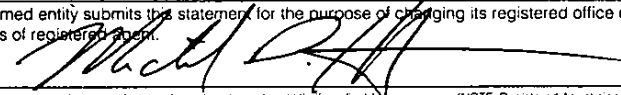
4. FEI Number 61-1440952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 6/3/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

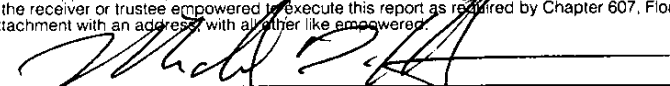
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ARWOOD, WILLIAM M 800 OAK RIDGE TURNPIKE, STE A 1000 OAK RIDGE, TN 37830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD SIZEMORE, DOUGLAS M 800 OAK RIDGE TURNPIKE, STE A 1000 OAK RIDGE, TN 37830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVC ARWOOD, ROBERT J 800 OAK RIDGE TURNPIKE, STE A 1000 OAK RIDGE, TN 37830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMIGAN, GARY L 800 OAK RIDGE TURNPIKE, STE A 1000 OAK RIDGE, TN 37830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF FINANCIAL OFFICER MICHAEL D. HUNTER 131 DUTCHMAN BLVD IRMO SC 29063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: 6/3/08 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR