

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003775

FILED
Jun 22, 2009
Secretary of State

Entity Name: ACCIDENT INSURANCE COMPANY, INC.

Current Principal Place of Business:

131 DUTCHMAN BLVD
IRMO, SC 29063

New Principal Place of Business:

Current Mailing Address:

131 DUTCHMAN BLVD
IRMO, SC 29063

New Mailing Address:

FEI Number: 61-1440952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: AROWOOD, WILLIAM M
Address: 800 OAK RIDGE TURNPIKE, STE A 1000
City-St-Zip: OAK RIDGE, TN 37830

Title: CEOD () Delete
Name: SIZEMORE, DOUGLAS M
Address: 800 OAK RIDGE TURNPIKE, STE A 1000
City-St-Zip: OAK RIDGE, TN 37830

Title: STVC () Delete
Name: AROWOOD, ROBERT J
Address: 800 OAK RIDGE TURNPIKE, STE A 1000
City-St-Zip: OAK RIDGE, TN 37830

Title: D () Delete
Name: JARNIGAN, GARY L
Address: 800 OAK RIDGE TURNPIKE, STE A 1000
City-St-Zip: OAK RIDGE, TN 37830

Title: CFO () Delete
Name: HUNTER, MICHAEL D
Address: 131 DUTCHMAN BLVD
City-St-Zip: IRMO, SC 29063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL D HUNTER

CFO

06/22/2009

Electronic Signature of Signing Officer or Director

_____ Date