

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 21, 2012  
Secretary of State**

DOCUMENT# F07000003775

Entity Name: ACCIDENT INSURANCE COMPANY, INC.

**Current Principal Place of Business:**

ONE HARBISON WAY  
BROOKSIDE OFFICE BUILDING, STE. 115  
COLUMBIA, SC 29212

**New Principal Place of Business:**

**Current Mailing Address:**

ONE HARBISON WAY  
BROOKSIDE OFFICE BUILDING, STE. 115  
COLUMBIA, SC 29212

**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

**OFFICERS AND DIRECTORS:**

Title: PC  
Name: AROWOOD, WILLIAM M  
Address: ONE HARBISON WAY, SUITE 115  
City-St-Zip: COLUMBIA, SC 29212

Title: SEC  
Name: AROWOOD, ROBERT J  
Address: ONE HARBISON WAY, SUITE 115  
City-St-Zip: COLUMBIA, SC 29212

Title: TREA  
Name: PATTERSON, MARK K  
Address: ONE HARBISON WAY, SUITE 115  
City-St-Zip: COLUMBIA, SC 29212

Title: CFO  
Name: HUNTER, MICHAEL D  
Address: ONE HARBISON WAY, SUITE 115  
City-St-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

03/21/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date