

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 3:31

DOCUMENT # P10106 (3)

1. Corporation Name
ACCELERATION NATIONAL INSURANCE COMPANY

Principal Place of Business Mailing Address
**475 METRO PLACE NORTH 475 METRO PLACE NORTH
DUBLIN OH 43017 DUBLIN OH 43017**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
05/14/1986 05/01/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		31-0989212		Not Applicable	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301				01 Name			
				02 Street Address (P.O. Box Number is Not Acceptable)			
				03			
				04 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable DATE _____ Registered Agent signature required when verifiable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, R. MAX	12 NAME	
STREET ADDRESS	200 LAKE BLUFF DRIVE	13 STREET ADDRESS	8736 DUNSHANE
CITY - ST - ZIP	COLUMBUS OH	14 CITY - ST - ZIP	DUBLIN OH 43017
TITLE	VDS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, NICHOLAS Z.	22 NAME	
STREET ADDRESS	7870 GREENSIDE LANE	23 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	24 CITY - ST - ZIP	
TITLE	VDS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, NICHOLAS Z.	32 NAME	
STREET ADDRESS	7870 GREENSIDE LANE	33 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH 43235	34 CITY - ST - ZIP	
TITLE	DEMASTUS, MELODYE R	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5300 WINDFLOWER, CT	42 NAME	
STREET ADDRESS	HILLARD OH	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	VD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIN, LARRY L	52 NAME	
STREET ADDRESS	2129 STANCREST ROAD	53 STREET ADDRESS	
CITY - ST - ZIP	DUBLIN OH	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	VD
STREET ADDRESS		63 STREET ADDRESS	WILLIAM B. JOHNSON
CITY - ST - ZIP		64 CITY - ST - ZIP	2055 SEDDINGTON CT DUBLIN OH 43017

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. Copeland* **ROBERT L. COPELAND 4/3/95 (414) 764-7000**

ACCELERATION NATIONAL INSURANCE COMPANY
Officers and/or Directors
February 28, 1995

<u>OFFICER</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>SSA</u>
D) Nicholas Z. Alexander	Sr. Vice Pres/Secretary	7970 Greenside Lane, Columbus, OH 43235	284-32-6503
D) Robert L. Copeland	Vice President	3297 Kirkham Road, Columbus, OH 43221	302-36-2111
D) Sharon A. Copeland	Assistant Vice President	3297 Kirkham Road, Columbus, OH 43221	296-40-0976
D) William B. Johnson	Senior Vice President	2055 Seddington Court, Dublin, OH 43017	375-58-0180
D) Larry L. Main	Senior Vice President	1012 Blind Brook Drive, Columbus, OH 43235	279-48-3794
D) Kurt L. Mueller	Vice President & Controller	1077 High Street, Harrisburg, OH 43126	273-50-6115
Elizabeth A. Murdock	Vice President	4275 Pickerington, Carroll, OH 43112	211-40-8565
D) Alan M. Weiner	Vice President & Treasurer	8613 Heritage Woods Ct., Dublin, OH 43017	150-38-9140
D) R. Max Williamson	Chairman/President/CEO	8736 Dunsinane, Dublin, OH 43017	278-32-5572

D) Indicates Director

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