

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216503651
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1.) CORPORATION NAME: Accident Fund Insurance Company of America	DUE DATE: 2/29/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1457912				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: MI	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000,000
CLASS	AUTHORIZED				
COMMON	1,000,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 40790
200 NORTH GRAND AVE

CITY/ST/ZIP: LANSING, MI 48901-7990

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: FRANK H FREUND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: TREASURER			
ADDRESS: 200 NORTH GRAND AVE			
CITY/ST/ZIP/CO: LANSING, MI 48933			

NAME: MICHAEL K BRITT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 200 NORTH GRAND AVE			
CITY/ST/ZIP/CO: LANGSBURG, MI 48933			

NAME: STEVEN REYNOLDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: CORP SECRETARY			
ADDRESS: 200 NORTH GRAND AVE			
CITY/ST/ZIP/CO: LANSING, MI 48933			

NAME: ELIZABETH RUTH HAAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 3607 KIPLING DRIVE			
CITY/ST/ZIP/CO: HOWELL, MI 48843			

NAME: ANTHONY PHILLIPS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 200 NORTH GRAND AVE			
CITY/ST/ZIP/CO: LANSING, MI 48933			

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ FRANK H FREUND	FRANK H FREUND, TREASURER	1/28/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.