2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P06000117393 04-25-2007 90186 015 ***150.00 AUTO CLUB INSURANCE COMPANY OF FLORIDA Principal Place of Business Mailing Address 40000~~~ 1515 N WESTSHORE BLVD 1515 N WESTSHORE BLVD TAMPA, FL 33607 TAMPA, FL 33607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-5529611 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **CHIEF FINANCIAL OFFICER** Street Address (P.O. Box Number is Not Acceptable) 200 E GAINES ST PO BOX 6200 TALLAHASSEE, FL 32399 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE TITLE Delete ☐ Change Addition PATRICK, LARRY 1515 N. WESTSHORE BLUD NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-7IP TAMPA, FL 33607 TITLE ☐ Delete TITLE Change Addition NAME NAME SANTO, JAMES STREET ADDRESS STREET ADDRESS ISIS N. WESTSHORE BLUD CITY-ST-7IP CITY-ST-7IP TAMPA, FL 33607 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME MALONEY, Sean H. 1515 N. WESTSHORE BLUD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33607 TITLE ☐ Delete TITLE Change Addition MCKEE, ROBERT A. 1515 N. WESTSHORE BLUD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA, FL 33607 ☐ Delete TITLE TITLE Change ✓ Addition TONLIN, JOHN A. 1515 N. WESTSHORE BLUD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TAMPA, FL 33607 © COO Brown, Steven W. 1515 N. Westshore Blud TITLE ☐ Delete TITLE Change | Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tanpa, FL 33607 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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